

C2E2 Membership Application 2007 New _____ Renewal _____

First name		Last name		Suffix (Jr, Sr., I, II, III)	
Home Address			Apt.	City	
Home telephone			E-mail address		Web URL
Employer			Position		
Employer's address			City		Zip code
Work telephone		Fax		E-mail address	
Web URL					
Preferred Mailing Address: <input type="checkbox"/> Home address <input type="checkbox"/> Employer address			May your name and contact information be assembled for a directory to be sent out via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Degrees, licensure, certifications granted (<i>check all that apply</i>): <input type="checkbox"/> NREMT-B/EMT-B <input type="checkbox"/> NREMT-P/EMT-P <input type="checkbox"/> EMT-D <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> RN <input type="checkbox"/> BSN <input type="checkbox"/> MS/MA/MSN <input type="checkbox"/> PhD/EdD <input type="checkbox"/> MD/DO <input type="checkbox"/> PA					
What level education do you teach? (<i>check all that apply</i>): <input type="checkbox"/> EMT/PM <input type="checkbox"/> Medical students <input type="checkbox"/> Resident physicians <input type="checkbox"/> ADN nursing students <input type="checkbox"/> BSN/MSN nursing students <input type="checkbox"/> Fire-based training <input type="checkbox"/> Law enforcement training <input type="checkbox"/> Military <input type="checkbox"/> Community-based <input type="checkbox"/> College/university students					
What courses do you teach? (<i>check all that apply</i>): <input type="checkbox"/> Community-based first aid/CPR <input type="checkbox"/> First responder <input type="checkbox"/> EMT-B(I) <input type="checkbox"/> EMT-P <input type="checkbox"/> BLS CPR <input type="checkbox"/> ACLS <input type="checkbox"/> PALS <input type="checkbox"/> NALS <input type="checkbox"/> BTLS <input type="checkbox"/> ATLS <input type="checkbox"/> PHTLS					
Are you an EMS administrator? (<i>if yes, please check which most applies to you</i>): <input type="checkbox"/> EMT-B Program Director <input type="checkbox"/> EMT-P Program Director <input type="checkbox"/> Private agency administrator <input type="checkbox"/> County EMS administrator <input type="checkbox"/> EMS Authority staff <input type="checkbox"/> Other _____					
Membership Information: 1. Membership requires a \$40.00 membership fee (payable by personal check, money order, cashier's check, or cash), and is due at the first quarterly meeting of the calendar year. Benefits of Membership: 1. Continuing education offered during quarterly meetings. 2. Seats granted on State EMS Authority taskforces and advisory committees. 3. Collaboration with public and private industry-related institutions. 4. Collaboration with other EMS educators on local, state, and institutional issues. 5. Involvement in the continuing improvement of emergency medical service.					
Membership fees should be made out to "CCEE" and mailed to the address below.					
California Council of EMS Educators 1628 Ponderosa Street, Costa Mesa, CA 92626 Phone: (818) 414-1868 ♦ Fax: (818) 553-1643 ♦ Internet: www.c2e2.net					

Mission Statement

The purpose of the Council shall be to promote the quality training of EMS personnel based on sound educational principles and current medical knowledge and practice.