



## EMS Leadership Academy

### Essential EMS Leadership Skills Certificate Program

### Professional Development: Fundamentals of EMS Leadership

#### Session Application

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency of Representation: \_\_\_\_\_

Years of Service as an EMS Leader: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

*\*\* Providing us with at least one phone number is very important. If accepted into the program, we will use this number to contact you in the case of class postponement due to weather, etc.*

E-mail Address: \_\_\_\_\_

Check:

\_\_\_\_\_ My tuition check for \$100 payable to Southern Tier Health Care System is enclosed.

Please tell us what you hope to gain from the EMS Leadership Academy: \_\_\_\_\_

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**Maximum enrollment for the program is 30 students.**

**Complete and return this application to S.T.E.M.S. as soon as possible.**

You may e-mail the application to [stems@sthcs.org](mailto:stems@sthcs.org), fax to (716) 372-5217, or mail to S.T.E.M.S., One Blue Bird Square, Olean, N.Y. 14760.