



**ACUTE CARDIOVASCULAR EMERGENCY MEDICAL SYSTEM OF CARE
ADVISORY COMMITTEE APPLICATION**
DEPARTMENT OF HEALTH AND HUMAN SERVICES
EMERGENCY MEDICAL SYSTEMS UNIT
SFN 62497 (03/2024)

This form must be submitted in its entirety with a signed participation agreement to be considered for membership of the advisory committee.

Name:
Position/Title:
Facility:
Facility Address:
Telephone Number:
E-mail Address:

Purpose: The purpose of this committee is to facilitate the implementation of an effective system of acute cardiovascular emergency care statewide. This involves developing a system plan, enhancing hospital designation standards, refining state treatment guidelines, and ensuring continuous quality improvement. Are you interested in supporting this advisory committee's objectives?

Yes No

Attendance: Can you commit to attending meetings regularly and contributing to system development? (Please note: The meeting schedule is to be determined and will be decided by the newly formed committee. Contribution entails knowledge sharing, making recommendations, and engaging in projects as available.)

Yes No

Representation: Which entity of the system of care do you represent?

- Critical Access Hospital
- Tertiary Hospital
- Physician/Advanced Practice Provider
- EMS agency serving rural area
- EMS agency serving urban area
- Other:

Please describe why you would like to be considered for Acute Cardiovascular Emergency Medical System of Care Advisory Committee membership.

Please describe the skills or expertise you possess that would support the legislative mandate to develop the cardiac system of care.

Thank you for your interest in supporting the Cardiac System of Care. Please submit your application and signed Participation Agreement to cprice@nd.gov.