

Tel: 780.449.3114 TF: 1.877.351.2267
www.ABparamedics.com

APPLICATION FORM

Submit your resume and Council Application form no later than 4 PM on April 15 to be reviewed by the Selection Committee. Shortlisted candidates will be invited for an interview.

APPLICANT CONTACT INFORMATION

| | |
|---------------|--|
| Name | <input type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> MRS <input type="checkbox"/> MISS |
| RO # | |
| Address | City, Province, Postal Code |
| Email address | |
| Telephone | Cell Phone |

| | |
|---|--|
| <p>What motivates you to apply to join the Alberta College of Paramedics Council?</p> | |
| <p>What skills, talents and/or experiences do you bring to Council?</p> | |
| <p>Do you have any previous board and/or committee experience? If yes, please provide a brief overview.</p> | |

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| Please indicated those areas in which you have basic or advanced competencies and areas you are interested in: | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| COUNCIL | BASIC | INTERMEDIATE | ADVANCED | INTERESTED |
| • Business Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Governance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Finance/Accounting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Marketing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Legal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Strategic Planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Healthcare Administration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please attach a current resume to your application.

By submitting my resume and the Council Application form, I declare that I:

- am a regulated member in good standing with the Alberta College of Paramedics (the College),
- have held an active practice permit with the College for at least three years prior to applying,
- have not been found guilty of unprofessional conduct in the five calendar years prior to this application and
- meet all the requirements for eligibility as per College Bylaw 2.3, Regulated Member Eligibility for Appointment.

I understand that, for the purposes of the Council Recruitment, applicants will be evaluated and the Selection Committee will make recommendations to Council.

Applicant Name

 Applicant Signature

 Date

Please submit your resume and Council Application form to:

Greg McNeill at Greg@mcneillhr.ca
 Subject line: Council Application

If you have any questions about completing this application, please email CEO@ABparamedics.com.