

Based in the above criterion for appointment, it is that time of the year to either re-nominate your current representative, whose term on the Northwest Georgia Region 1 Emergency Medical Services Council will expire on January 1, 2020 or nominate a new representative. The positions are not automatically renewed and require a renewal or replacement decision from you.

The current representative whose term is expiring is **Courtney Taylor**

Please let us know about your decision by December **13, 2019** by completing the attached nomination letter. Your options are:

1. Reappoint Mr. Taylor for another 2-yr. term ending in January 2022.
2. Appoint a new representative from the recommended stakeholder list and send us his/her contact information for a term ending in January 2022.

Appointments not received by January 1, 2020 will result in an appointee for your county being made by the Council Chair per the Council By-Laws

Sincerely,

Carlton Firestone, NRP, Council Chair
David T Foster III, MLS, Paramedic – Region 1 OEMS Director

**Please USE THE ATTACHED APPOINTMENT Letter
when submitting appointments, even if you must do a resolution at the
commission level. Thank you**

_____ (Date)

To the Northwest Georgia Region 1 Emergency Medical Services Advisory Council,

On Behalf of **Gordon County**, I/we nominate _____ to serve on the Northwest Georgia Region 1 Emergency Medical Services Council to fill the upcoming term **January 2020 -January 2022** for our county. I also understand that the position is not automatically renewed and requires a renewal or replacement decision from said county before the end of the term.

I/We understand my/our decision must be received by **Dec 13th, 2019** so you can notify the new representative of their attendance requirements and a copy of the by-laws prior to the January 2020 meeting and the locations of said meeting.

_____ (please type or print name clearly)

Commissioner Representative

_____ (signature) _____ (date)

Please provide the following information for your representative:

Mailing Address _____ City _____ State _____ Zip _____

Email address _____ Phone Number _____

Employer _____ Title/Position _____

Please mail or email your decision to the following address:

David T Foster III, MLS, Paramedic
Region 1 OEMS Director
1309 Redmond Rd
Rome, GA 30161
david.foster@dph.ga.gov

If you have any questions you may contact Mr. Firestone at 770-537-1946 or Mr. Foster at 404-989-4231

October 8, 2019

Dear Commissioner Hood,

It is that time of year again to appoint or re-appoint one of your representatives to the Region 1 EMS Advisory Council.

1. Recommended stakeholders for county commissions to consider, and
2. Each zoned provider will have a representative, if not represented by an appointment from a county commission.

Below are the sections of the by-laws that are pertinent to county appointments;

ARTICLE IV - MEMBERSHIP

SECTION 1 – APPOINTMENT

The Council shall consist of;

1. Two members from each county, selected by the respective County Commission(er). Each County should consider making their appointments based on the following criteria;
 - Zoned Licensed Ambulance Service Representative
 - Representative of a hospital if one is located in the county
 - Representative of a licensed Emergency Medical Responder Agency if one is licensed in their county
 - Representative from the County Fire Department
 - Representative from the County Emergency Management Agency
 - Government personnel with knowledge of, and experience with EMSShould a county fail to appoint a member, in writing, by the deadline of said appointment the Council Chair may at their discretion appoint a replacement member or defer back to said county to fill said slot.
2. Each Licensed Ambulance Service zoned provider in Region 1 shall be represented on the council. If no one from that service is appointed to the council by a County Commission, then the service will have the option to appoint ONE person to the Council to represent that service.
3. Each Air Ambulance Service with a base or satellite station located in Region 1 shall have the option to appoint ONE person to the Council, regardless of the official base of operations for said service. This person may be the Director, Owner, CEO or other appointee as the service see fits. If the base or satellite station of operation is moved out of Region 1, service license expires or is surrendered, their representation on the council immediately terminates.
4. The Region 1 RTAC Council Chair shall have an automatic appointment during their term as the RTAC chair.
5. The Region 1 EMS -C Chair shall have automatic appointment during their term as committee chair.
6. Three (3) At Large members from community stakeholders

“The voting membership of the Region 1 Council shall vote on three (3) at-large community Stakeholders from the nominees submitted by the deadline per the notification for nomination. The at large members should come from the following stakeholder list;

- EMT/Paramedic (non-supervisory)
- County/ city government
- Educational Facility
- EMS Advocate
- communications agency (ie: 911 centers)
- law enforcement agency Licensed EMS Provider
- EMR Agency Licensed EMS Provider/firefighter
- Public Health
- Consumer

Appointments by a County of the Zoned Ambulance for said county or Licensed EMS agency (Ground or Air Medical agency) should consider one of the following to represent their agency;

- Director
- Supervisory personnel
- CEO
- Owner
- Training Officer
- Etc.

Entities that do not make an appointment to the council do not count towards the total Membership as it pertains to a Quorum. Quorums will be determined by the current appointed members of the council, and not the possible number of members should all eligible entities make an appointment.

SECTION 2 - TERMS OF APPOINTMENT

All members shall serve a term of two (2) years staggered so that approximately fifty percent (50%) of members are appointed each year. Terms shall begin at the meeting in January. Members may be reappointed to the Council with no limit on terms.

County Appointment terms shall run from January – December of respective years. Appointment or re-appointment letters shall be sent to the County Commission(er) no later than September 1st annually requesting their reappointment/new appointment, due by December 1st annually.

Air Medical and EMS Agencies appointments which are not represented by the appointment of a County Commission(er) will occur on Even Numbered years. (ie: appointment in 2018 – serve 2019-2020 terms)

At Large members shall be voted on during Odd Numbered Year (ie: elected in 2019 – serve 2020-2021 terms)

Full By-laws can be accessed at [http://www.nwgaems.org/BYLAWS%20REV%202018%20FINAL%207-26-2018%20\(1\).pdf](http://www.nwgaems.org/BYLAWS%20REV%202018%20FINAL%207-26-2018%20(1).pdf)