Council Conflict of Interest and Bylaws Annual Attestation and Disclosure

OEMS / December 2020
Step 1 – Login to LMS

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Click on Applications ➔ My Applications
Click **Apply Now** next to **Council Conflict of Interest and Bylaws Annual Attestation and Disclosure**

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**Council Conflict of Interest and Bylaws Annual Attestation and Disclosure**

This is the application where council members (EMSAC, EMSMDAC, REMSAC, RTAC, STAC) will complete an annual Conflict of Interest Attestation and Disclosure. This is REQUIRED of ALL Council Members.
Please complete all parts of this application. Click Save and Continue on each tab to proceed to the next tab.
Below is a list of the Councils you are currently a member of. If you feel this list is inaccurate, please contact the State Office of EMS and Trauma at dph-phemsinfo@dph.ga.gov. Please do not try and edit anything on this list.

<table>
<thead>
<tr>
<th>EMS Agency</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 01 EMS Council</td>
<td>Council - 911 Agency Medical Director, Council Parliamentarian, Council Term 3: 2019-2022</td>
</tr>
<tr>
<td>EMS Advisory Council</td>
<td>Council - Governmental EMS Agency Rep, Council - Hospital EMS Agency Rep, Council Member, Council Term 1: 2020-2023</td>
</tr>
<tr>
<td>EMS Medical Directors Advisory Council</td>
<td>Council Member, Council Term 2: 2018-2021</td>
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</tbody>
</table>
Definitions:
As defined in O.C.G.A. § 45-10-90, conflict of interest means "an individual has multiple interests and uses his or her official position to exploit, in some way, his or her position for his or her direct, unique, pecuniary, and personal benefit."

Appearance of a conflict of interest means the impression that a reasonable person might have, after full disclosure of the facts, that a public official’s judgment might be significantly influenced by outside interests, even though there may be no actual conflict of interest.

For the purposes of this application, “Conflict of interest” means a Member has multiple interests and uses his or her official position as a Council Member to exploit, in some way, his or her position for his or her own direct, unique, pecuniary, and personal or professional benefit. Council Members must adhere to the general principle that a Member shall not place himself or herself in a position where his or her private and personal interest (as distinguished from a general citizenship interest) might prevent or appear to prevent them from exercising their official judgment, discretion, powers or duties as a Council Member in an unbiased manner.

It shall be the policy of the Department of Public Health and all Statewide and Regional Emergency Medical Service Councils that all Officers, Members and Committee Members shall scrupulously avoid any conflict between their own respective business, financial or personal interests, including their interests as an associate, affiliate, board member, contractor, employee, owner, partner, or principal of an EMS Agency, hospital, or other institution or organization, and the interests of the Council or the Department in any and all actions taken by them on behalf of the Council in their respective capacities.

All Members shall complete a Conflict of Interest disclosure at time of appointment, annually from there on, and at any point where the Member experiences a change in possible conflicts of interest. The disclosures must be done in the manner required by the Department. Members who fail to complete the Conflict of Interest Annual Disclosure and Attestation will not be permitted to vote on any matter before the Council.

Prior to any discussion/deliberation that may precede a vote for anything other than approval of minutes, agenda, scheduling of meetings, or adjournment, the presiding officer of the meeting shall call upon the Members present to disclose if any potential or actual conflicts of interest are present among the Members related to the current matter before the Council.

All Members shall verbally disclose, prior to making a motion or prior to any discussion/deliberation that may precede a vote, any potential or actual conflict between their own respective business, financial or personal interests and the interests of the Council or the Department.

If any Member fails to disclose a potential or actual conflict of interest related to the matter before the Council, the Parliamentary or Department of Public Health staff present at the meeting may also disclose to the Council any potential or actual conflict of interest that is known to the Parliamentary or Department of Public Health staff or has been disclosed previously by the Member.

When (a) Member(s) disclose(s) a potential conflict of interest (or has a potential conflict of interest disclosed about them) prior to a motion or prior to any discussion/deliberation that may precede a vote, the presiding officer and other Members who do not have a potential or actual conflict of interest related to the current matter in which the conflict may exist may question the Member(s) who disclose(s) a potential conflict of interest as to their potential conflict.

Following the questions and responses, the presiding officer shall call for a separate vote of the Members who have no potential or actual conflict of interest related to the matter in which the conflict may exist as to whether or not there exists an actual conflict of interest for each of the Members who disclosed a potential conflict (or had a potential conflict of interest disclosed about them).

Members who disclose an actual conflict of interest prior to a motion or prior to any discussion/deliberation that may precede a vote or after a subsequent finding of an actual conflict of interest by the Council shall excuse themselves from the discussion/deliberation and the vote related to the matter in which the conflict exists.

The Secretary of the Council shall keep a record of all disclosures of potential or actual conflicts of interest, as well as any discussion or vote on whether an actual conflict of interest is determined to be present for any Member, and any actions taken by the Council after a determination that an actual conflict exists.
Third Tab (bottom) – list actual or potential conflicts of interest* for you, your spouse, your immediate family, and other close relationships – if None, enter “None”

*This may include any business, financial or personal interests, including their interests as an associate, affiliate, board member, contractor, employee, owner, partner, or principal of an EMS Agency, hospital, or other institution or organization. These can be paid, appointed or volunteer positions/affiliations.
Fourth Tab – Attestation – Please read the entire attestation and then sign with your password

I hereby acknowledge that I have read and understand the current OEMS rules and regulations related to Regional Emergency Medical Services Advisory Councils, DPH Rule 511-9-2.04. (If I am a member of a REMSAC) and/or the rules related to Statewide Emergency Medical Services Advisory Councils, DPH Rule 511-9-2.03.

I also acknowledge that I have read and understand current OEMS policies and procedures, specifically, those that apply to Statewide and Regional Emergency Medical Services Advisory Councils.

I agree that if any matter of business comes before any Council (that I am a member of) that is a conflict of interest with my affiliations, either declared or not declared, that I will abstain from deliberations and decisions in which the conflict exists.

I certify that the information in this application is true, and I have declared all potential or actual conflict of interest and I will notify the Office of EMS and Trauma through this license management system of any change of potential or actual conflict of interest within 15 days of the change.

Furthermore, I agree that as a member of any Statewide or Regional Emergency Medical Services Advisory Council, I shall not:

- Hold myself out as representing the Department of Public Health ("Department");
- Hold myself out as representing the Council unless specifically allowed in the respective Council Bylaws;
- Speak with or provide written statements to any representative of the media (print, social, television, radio, etc.) as a Member of the Council, on any topic related to the Department, the Council or business currently before the Council, without express written approval from the Department;
- Perform any unauthorized action or make any unauthorized statement on behalf of the Council or the Department;
- Make legislative recommendations, proposals or comments on behalf of or as a representative of the Council or the Department;
- Accept any gift, entertainment, service, loan, or promise of future benefits from any person who either personally or whose family members, associates or employees might benefit or appear to benefit from the Member’s position on the Council;
- Violate the Georgia Open Meetings Act or Georgia Open Records Act;
- Fail to produce records responsive to a request made pursuant to the Georgia Open Records Act; or
- Fail to complete any Department-required annual or just-in-time training related to the Council.

I certify that I understand that should I violate any of the above, the Council may recommend to the Department that my membership be terminated. If the Department finds that I violated any of the above, the Department shall have the authority to remove me from the Council and request a new appointment from the respective county or from the DPH Commissioner.

Signature

*Attestation Signature

Username: DNewton
Password:
Confirm Submission

Are you sure you want to submit this form? If you submit, you will not be able to make any changes.

☐ Yes  ☐ No
Review your answers:
### My Profile

Make any updates to your license detail of your profile. When you are finished, make sure to click Save from the bottom of the page.

### Demographics
- **State:** Georgia
- **License Number:** P031081
- **License Level:** Paramedic
- **License Status:** Active
- **Issue Date:** 06/01/2020
- **License Expiration Date:** 03/31/2021

### Instructor License
- **State:** Georgia
- **Number:** I/C-B2681
- **Instructor Level:** Instructor/Coordinator (AEMT)
- **Instructor Status:** Active
- **Issue Date:** 11/23/2020
- **Expiration Date:** 12/31/2022
- **Written Exam or Equivalent:** NREMT EMT Assessment Exam

### National Registry
- **National Registry Number:**
- **Level:**
- **Issue Date:**
- **Expiration Date:**
- **Certification Status:**
- **Recertification Status:**
- **Note:**

### Non-Licensed Personnel
- **State:** Georgia
- **Number:** Driver-2020-0001
- **Level(s):** Driver (No EMS License)
- **Status:** Current Driver
- **Initial Date:** 09/07/2020

### Council Conflict of Interest
- **Level(s):**
  - Council Conflict of Interest
- **Status:** Current
- **Issue Date:** 12/23/2020
- **Expiration Date:** 06/30/2021

List each Organization/Agency/Entity and the Nature of Affiliation for YOU:
I work as a Paramedic at QRS Ambulance Service and at ST Ambulance service, and I serve on the board of directors for Acme Hospital.
You will get an email:

• 30 days before your attestation expires (expires each year on June 30th)
• 7 days before your attestation expires
• If you let your attestation expire
  o Council Members may not vote on any matter before the Council unless their attestation is current
If you need to update your Conflicts of Interest

- Can be done at ANY time – Complete the application on LMS again
- Must be done as soon as an actual or potential conflict is present for you, your spouse, your immediate family or for any close relationship
Questions

Contact Information:

**Georgia Office of EMS and Trauma**
770-996-3133
dph-phemsinfo@dph.ga.gov
www.ems.ga.gov