


Council Conflict of Interest and Bylaws Annual Attestation and Disclosure

OEMS / December 2020



Step 1 – Login to LMS

www.mygemsis.org/lms



[OEMS Homepage](#)[Office of Cardiac Care](#)[OEMS Trauma Program](#)

[Account Login](#)[Training](#)[Lookup](#)

Welcome to the Georgia EMS License Management System!

The Georgia EMS system uses the e-Licensing Portal for all:

- EMS students (course enrollment)
- Individual medics (initial license application or license renewal)
- Hospitals seeking designation as a:
 - Trauma Center
 - Emergency Cardiac Care Center
 - Stroke Center
- EMS agencies (initial license application, license renewal, updates to personnel roster)

The Georgia Office of EMS and Trauma and the Office of Cardiac Care uses the email address in your account as the primary source of communication. Please ensure that your contact information is kept current.

Active Account User

If you are a currently licensed EMS healthcare practitioner in Georgia, login to your existing License Management System account. Please do **NOT** create a new account. Duplicate accounts will be deleted. If you forgot your user name or password, please select the "Forgot" feature by the login fields below. If your email address is no longer correct, please contact the Office of EMS and Trauma at DPH-phemsinfo@dph.ga.gov for account assistance.

Create a New Account

If you are a new user to the Georgia EMS system, you will need to create an account in e-Licensing. Please use the **Create Account** button at the bottom of this page. Enter your legal name and information to assist in determining your eligibility for licensure. For assistance, please contact the Office of EMS and Trauma at DPH-phemsinfo@dph.ga.gov for account assistance. You must have a valid email address to access this system.

Lookup

Verify current Georgia EMS license (medics, agencies) or Georgia specialty care designation status information by using the [Personnel, Service and Training Report Public Lookup](#) feature.

For Current EMS Agencies Only

[License Management System Recorded Webinar](#) and [PowerPoint Presentation](#)

IMPORTANT!

Accounts in the EMS License Management System must only be used by the account holder. This means that any user of this system should NEVER give their login and password to anyone else, as this essentially constitutes impersonation if someone were to login as you.

Login

[Forgot Username or Forgot Password?](#)

[Login](#)[Create Account](#)

Click on Applications → My Applications

The screenshot displays the user interface of the Georgia Department of Public Health portal. On the left is a vertical navigation menu with the following items: 'My Account' (with a person icon), 'Profile', 'Issued Application', 'Documents', 'Applications' (highlighted with a red oval and a red arrow pointing to the right), 'Training' (with a graduation cap icon), 'Agencies' (with a star icon), 'Inspections' (with a folder icon), and 'Lookup' (with a magnifying glass icon). The main content area on the right shows the details for a user named 'FAKEFAKE, DavidFake J (P031081)', who is a Paramedic. Below the name, it lists 'Issue Date: 06/01/2020' and 'Expiration Date: 03/31/2021'. A blue button labeled 'View My Applications' is located in the top right corner of the main content area and is also circled in red.

My Account

- Profile
- Issued Application
- Documents
- Applications**
- Training
- Agencies
- Inspections
- Lookup

FAKEFAKE, DavidFake J (P031081)
Paramedic
Issue Date: 06/01/2020
Expiration Date: 03/31/2021

View My Applications

Click **Apply Now** next to Council Conflict of Interest and Bylaws Annual Attestation and Disclosure

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.

Apply Now

First Tab

Welcome, DavidFake FAKEFAKE | [Logout](#)

Council Conflict of Interest and Bylaws Annual Attestation and Disclosure

Instructions

Current Councils

Conflicts of Interest List and Attestation

Attestation

▼ Instructions

Please complete all parts of this application. Click Save and Continue on each tab to proceed to the next tab.

→ Save and Continue




Second Tab – This lists the councils that you are currently on – this is informational – just click Save and Continue


Council Conflict of Interest and Bylaws Annual Attestation and Disclosure

- Instructions
- Current Councils
- Conflicts of Interest List and Attestation
- Attestation

▼ Current Councils

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.

EMS Agency	Position
 Region 01 EMS Council	Council - 911 Agency Medical Director, Council Parliamentarian, Council Term 3: 2019-2022
 EMS Advisory Council	Council - Governmental EMS Agency Rep, Council - Hospital EMS Agency Rep, Council Member, Council Term 1: 2020-2023
 EMS Medical Directors Advisory Council	Council Member, Council Term 2: 2018-2021

 Save and Continue

Third Tab (top) – Please read the entire text

Council Conflict of Interest and Bylaws Annual Attestation and Disclosure

Instructions

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▼ Conflict of Interest Policy

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 own 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 disclosure 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 Parliamentarian 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 Parliamentarian 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)(d) 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 recuse 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.

▼ Conflict(s) of Interest List

Instructions:

Please list each Organization/Agency/Entity* and the Nature of Affiliation (these are your actual or potential conflicts of interest) for:

- YOU;
- Your SPOUSE (refers to your legal or common-law spouse);
- Immediate Family (refers to the closest relatives, such as parents, siblings, and children, whether related by blood (biological), marriage, or adoption); and
- Any OTHER person that you have a close relationship with that may be perceived as an actual or potential conflict of interest for you in your capacity as a Council Member.

*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.

If no actual or potential conflicts of interest exist for that question, please enter "none".

*Certification Levels

☒ Council Conflict of Interest

*List each Organization/Agency/Entity and the Nature of Affiliation for YOU (if none, enter "None")

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.

*List each Organization/Agency/Entity and the Nature of Affiliation for your SPOUSE (if none, enter "None")

my spouse is the owner of XYZ ambulance service

*List each Organization/Agency/Entity and the Nature of Affiliation for your IMMEDIATE FAMILY (if none, enter "None")

my brother works as a Paramedic at ABC EMS Service.

*List each Organization/Agency/Entity and the Nature of Affiliation for your OTHER close relationships (if none, enter "None")

my best friend is the Emergency Room director at Acme Hospital

Fourth Tab – Attestation – Please read the entire attestation and then sign with your password

Attestation

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:

OEMS HomepageOffice of Cardiac CareOEMS Trauma Program

Welcome, DavidFake FAKEFAKE | Logout

My Account

Profile

Issued Application

Documents

Applications

Training

Agencies

Inspections

Lookup

FAKEFAKE, DavidFake J (P031081)

Paramedic
Issue Date: 06/01/2020
Expiration Date: 03/31/2021

My Profile

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

Demographics

Contact Profile

Licenses

Account Demographics

Social Security Number:

... - .. -

☐ Show SSN

What is this?

Contact Information

Email:

david.pmdc@gmail.com

Emergency Contact First Name:

Emergency Contact Last Name:

Emergency Contact Phone:

- -

Emergency Contact Email:

Immunizations

Immunization

Year of Immunization

Add Immunization

Save

Reset Password

Back

* required

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 | Contact Profiles | Licenses

Medic



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-A-0281

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
 - 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