Council Conflict of Interest and Bylaws Annual Attestation and Disclosure

OEMS / December 2020

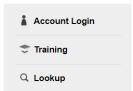


Step 1 – Login to LMS

www.mygemsis.org/lms



OEMS Homepage Office of Cardiac Care OEMS Trauma Program



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		
Username		
Password		
Forgot Username or Forgot Password?		
Login Create Account		

Click on Applications -> 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.



First Tab

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

Welcome, DavidFake FAKEFAKE | Logout

Council Conflict of Interest and Bylaws Annual Attestation and Disclosure

Instructions

Current Councils

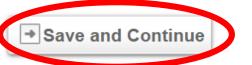
Conflicts of Interest List and Attestation

Attestation



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



Third Tab (top) - Please read the entire text

Council Conflict of Interest and Bylaws Annual Attestation and Disclosure Conflicts of Interest List and Attestation

Instructions | Current Councils

▼ Conflict of Interest Policy

Attestation

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.

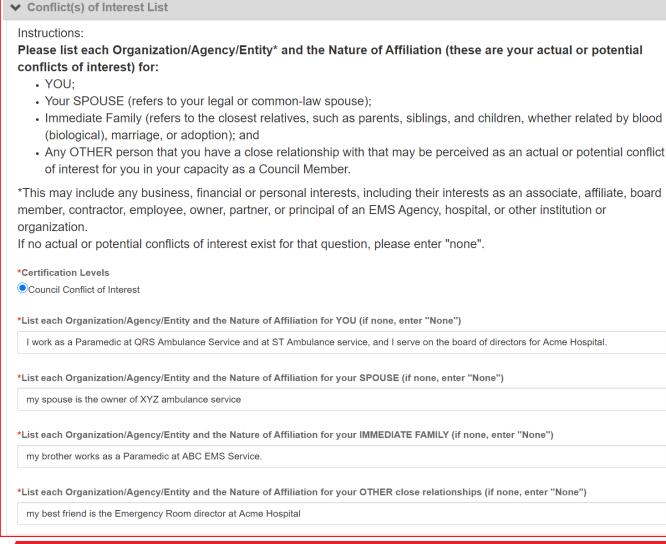
When (a) Member(s) disclose(s) a potential conflict of interest (or has a potential conflict of interest disclosed about them) prior to a motion or prior to any discussion/deliberation that may precede a vote, the presiding officer and other Members who do not have a potential or actual conflict of interest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



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

REMSAC) and/or the rules related to Statewide Emergency Medical Services Advisory Councils, DPH Rule

511-9-2-

I also ac

those th

I agree

interest

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

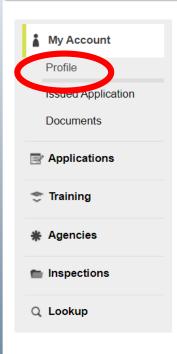


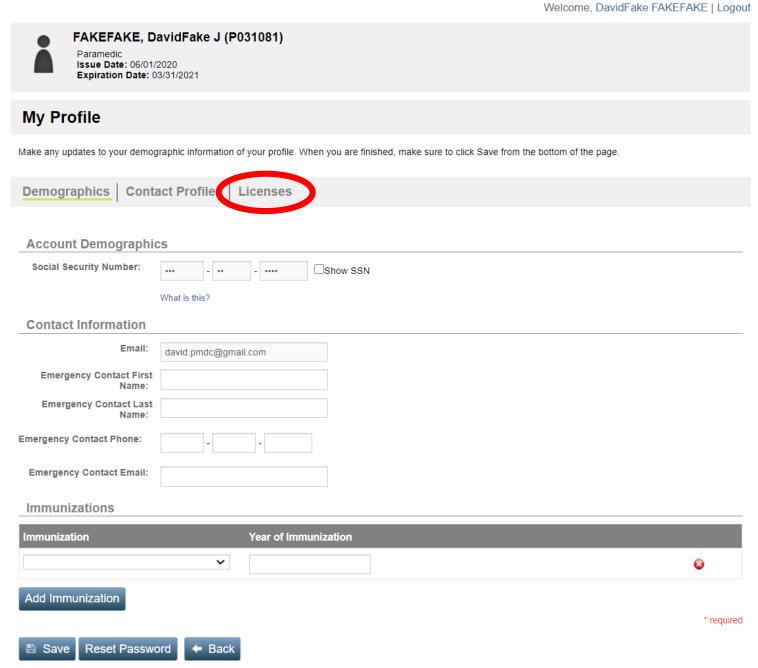
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decisions in which the conflict exists.

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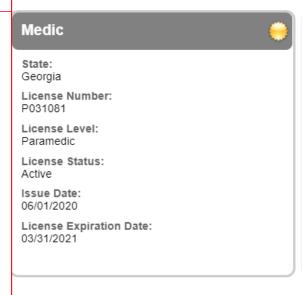


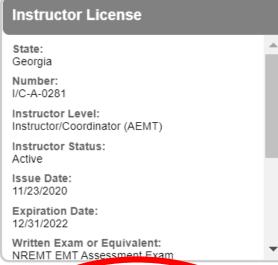


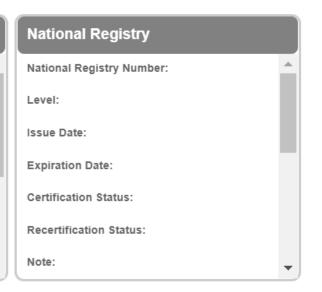
My Profile

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.

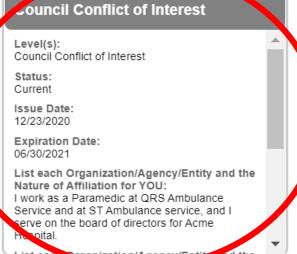
Demographics | Contact Profiles | Licenses











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