

Region III EMS Council
Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, and Rockdale Counties
Region 3 Office of Emergency Medical Services
1680 Phoenix Blvd., Suite 200
Atlanta, Georgia 30349
404-597-9775
Rich Elliott, Chair - Pete Quinones, Vice Chair

SENT VIA EMAIL

July 13, 2021

CEO Michael Thurmond, DeKalb County Government
C/O J. H. Lumpkin, Public Safety Director
DeKalb County Public Safety
1950 W. Exchange Place
Tucker, GA 30084

Dear CEO Thurmond,

On behalf of the Region 3 EMS Council, I am asking for appointments for the Regional Emergency Medical Services Advisory Council to represent your county. The purpose of the Council is to:

- Serve as a liaison between the Office of EMS and Trauma and the regional EMS system.
- Serve as the local coordinating entity designated by the Georgia Department of Public Health to recommend the manner in which Emergency Response Zones in Region 3 function.
- Coordinate, facilitate the improvement of, and maintain a quality EMS system in the eight (8) counties comprising EMS Region 3. (Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, and Rockdale)

DeKalb County has one Representative position expiring on June 30, 2022. Your current Representative in that position is:

Position 3 – Michael J. Carr, MD July 1, 2019 to June 30, 2022.

Council Bylaws require county representation of individuals selected by County Commission in the counties comprised of Region 3. Therefore, I am soliciting from you the reappointment of the above-named individuals or the names of whom you wish to represent your county and this council for the terms specified above. Council Bylaws require members to attend at least three-fourths of each meeting in order to be credited with attendance.

Members of the Regional EMS Council should be knowledgeable and interested in the emergency systems of care and represent a broad cross section of the region's citizens, possess interest and/or expertise in the area of Emergency Medical Services, health care, and/or public safety.

The following is a list of categories, which you may wish to consider when recommending your representative:

Public EMS Provider	Consumer
Private EMS Provider	Emergency Physician
EMT/Paramedic (non-supervisory)	General Surgeon
Specialty Care hospital representative	911 Dispatch Center representative
Hospital representative	Law enforcement representative
City government representative	Emergency department nurse and/or trauma nurse
County government representative	Pediatrician

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Please forward the recommendation to Ej Dailey, DPH-OEMS/T Region 3 EMS Director, along with a brief synopsis of the individual's qualifications along with his/her contact information on the attached form. The attached form should be completed and returned via email on or before **June 1, 2022**. Your participation in this effort is important to the provision of quality Emergency Medical Services to the citizens in your community, the region, and the state. A copy of the current Bylaws is also attached for your review and records.

I appreciate your cooperation and please feel free to contact me if you have any questions.

Respectfully,



Ej Dailey
Regional EMS Director
Office of EMS & Trauma-Region 3
Georgia Department of Health
Health Protection
Emergency Preparedness & Response
1680 Phoenix Blvd., Suite 200
Atlanta, Georgia 30349
770-996-3133 Office
404-597-9775 Cell
ej.dailey@dph.ga.gov

cc: Darnell Fullum ddfllum@dekalbcountyga.gov
Michael Carr, MD. michael.j.carr@emory.edu

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Date

To the Region 3 EMS Advisory Council,

On Behalf of **DeKalb County**, I/we nominate _____ to serve on the Region 3 EMS Council in **Position 3** and to fill the upcoming term July 1, 2022 to June 30, 2025 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 **June 1, 2022**, so you can notify any new representative of their attendance requirements and a copy of the Bylaws prior the August 2021 meeting and the locations of said meetings.

Commissioner Representative (please type or print name clearly)

Commission Representative Signature

Date

Please provide the following information for your representative:

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____ Phone Number _____

Employer _____ Title/Position _____

Please return your decision via email to:

Ej Dailey, Regional EMS Director
Office of EMS & Trauma-Region 3
404-597-9775 Cell
ej.dailey@dph.ga.gov