



## Office of EMS and Trauma

### TRAUMA MEDICAL DIRECTOR

Please send application and Resume/CV to [Jamie.Zilverberg@state.sd.us](mailto:Jamie.Zilverberg@state.sd.us) by **October 20<sup>th</sup>, 2023**.

#### Application information

Full name:	<div><div>Last</div><div>First</div><div>M.I.</div></div>	Date:	
Address:	<div><div>Street address</div><div>Apt/Unit #</div></div>	Phone:	
	<div><div>City</div><div>State</div><div>Zip Code</div></div>	Email:	

Are you a board certified General Surgeon?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have at least three years of clinical experience in the care of the severely injured patient, and two years of trauma administrative experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently licensed to practice medicine in South Dakota?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently certified as an instructor in both the American College of Surgeons Committee on Trauma courses: Advanced Trauma Life Support (ATLS) and Rural Trauma Team Development Course (RTTDC)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### Education

College:		Address:	
From:	To:	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma:
Medical School:		Address:	
From:	To:	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:
Residency:		Address:	

## References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

Signature:	_____	Date:	_____
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**\*Please note, the chosen applicant will be asked to submit certifications including board certification for general surgery, ATLS, and RTTDC.**