

# NCEMSFS NEWS

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## Welcome to Baltimore!

**Please contact any NCEMSFS officer or conference committee member if you have questions about conference activities.**

## Message from the President

Dr. George J. Koenig, Jr., NCEMSFS President

Welcome to the 11th annual NCEMSFS conference!

Ten years ago, twenty-eight schools met at Georgetown University and discussed the idea of creating an organization that would promote communication among campus based emergency response organizations. The idea rapidly took form and has grown to what we know as today as the National Collegiate Emergency Medical Foundation (NCEMSFS).

The hallmark of NCEMSFS is our annual conference. At press time, there are over 450 registrants representing 62 schools. This weekend you will have the opportunity to interact with delegates from colleges and universities from across the country. I hope that you take advantage of this opportunity and interact with other organizations, meet your regional coordinator, attend our seminars, and most of all have fun. The network of friends and colleagues that you build today will allow you to strengthen your organization in the future. If there is anything that I can assist you with, please feel free to ask me or email me at [president@ncemsf.org](mailto:president@ncemsf.org).

I would like to take a moment to highlight two very special lectures. On Saturday afternoon, you will have the opportunity to listen to the stories of two individuals and hear how collegiate EMS impacted their career choice. Both started with a common beginning but ended with different destinations. One chose to pursue a career in medicine while the other was drawn to homeland security. As you listen to their experiences, I hope

that you begin to understand that your involvement in collegiate EMS is more than just providing a service to your campus. It provides you a unique opportunity to learn how to make decisions under pressure. It teaches you how to work with one another to accomplish a common goal. It fosters the development of life skills that you will rely on for the rest of your life.

I look forward to meeting each of you. I hope that we meet your conference expectations and that you return to your campus energized with new insights and new ideas. Many thanks, to the Hopkins Emergency Response Organization, the Regional Coordinators, the endless support of our NCEMSFS friends, and the Board of Directors of NCEMSFS for their never-ending support.

Each year we strive to raise the bar for NCEMSFS conferences. But we can only do that with your help. During the conference weekend, please take a few moments to reflect on your conference experience by filling out an evaluation form, which can be found in your conference packet. We value your comments, and will attempt to incorporate suggestions in future NCEMSFS events.

Best Wishes,  
George J. Koenig Jr., MS, DO

President, NCEMSFS

## Research Study: Why Students and Administrators Support Campus-Based EMS

Joshua A. Marks, NCEMSF National Coordinator

Why do we struggle to stay in service? Why do we devote much or all of our free time towards providing emergency medical care to our collegiate communities? Why do we create headaches and stress for ourselves dealing with emergency runs and other administrative / operational issues? Have you ever asked yourself any of these questions or others just like them? If so, have you ever stepped back and pondered the more global and, perhaps more complex, question, "Why does campus-based EMS (CBEMS) exist?"

There must be a good reason for the existence of CBEMS as there are over 200 CBEMS programs nationwide, with additional groups in other countries, and several new groups forming each year. Students continue to participate in record numbers and university administrators continue to support these programs.

Some cite response times faster than other local services and better knowledge of response areas as the primary reason for CBEMS' existence. Although this point is frequently argued, it is a difficult one to prove. In addition, if one assumes correctly that CBEMS does arrive on scene ahead of other responders, there is little published data to suggest that such a response is beneficial to patients. Cardiac arrest may be the exception, but in the case of cardiac arrest even a five minute response from CBEMS as compared to a somewhat longer response from another is too long. Given the young healthy population served by CBEMS the frequency of cardiac arrests is low as well. The beneficial evidence supporting EMS in general, however, is the subject of another article.

Others maintain that CBEMS just makes sense since universities tend to function as their own mini municipalities providing most critical services. Programs founded on this principle more closely approximate what I believe the true reason for CBEMS' existence, but are still missing a critical element. In the interest of providing the highest quality healthcare with the greatest continuity and routine follow up care, it

makes sense for universities to provide EMS for its constituents and deal with medical emergencies internally.

The key factor missing from this last view is the benefit to those providing the pre-hospital care. The benefits to the community being served are seemingly apparent, but I do not believe they are strong enough to justify, on their own, the existence of CBEMS. When the other NCEMSF officers or I lecture, attend round table discussions, or consult CBEMS organizations, whether they are in the formative stages or well established, the approach is almost always to focus on what the students who participate in CBEMS take away from the experience. There are few other activities that more completely fulfill the mission of most universities. The objective of most universities, at least when broken down to its simplest form, is to educate its student body and provide it with the necessary life skills to succeed in the world. CBEMS teaches, among many other skills and lessons, self-confidence, interpersonal skills, teamwork, leadership, organization skills, responsibility, decision-making, and critical problem solving. Collegiate EMS provides some medical knowledge as well, but pre-hospital medicine really just provides an avenue for the acquisition of the other traits mentioned. Statistically, very few of those who participate in collegiate EMS will continue onto careers in EMS. Some who participate will pursue careers in healthcare, but the vast majority will not. The collegiate EMS experience is nonetheless equally important to all those that participate in it.

The NCEMSF mission statement emphasizes the above outlook and it is the above approach to CBEMS that is frequently addressed at our national conferences. What is written in your group's mission statement?

A recent cursory review of various CBEMS mission statements revealed that the majority reflect a commitment to providing emergency medical care to the community in an effort to reduce morbidity and mortality and to improve overall health and safety, but lack an equally strong commitment to the

training and personal growth of their own members. My initial review intended to discover how many schools' mission statements matched the greater NCEMSF philosophy and mission. While reading various statements I wondered not only about differences between the NCEMSF mission and the missions of our constituent members but about differences in opinions between student providers and university administrators. I began to question why university administrators support CBEMS, in what ways they support it, to what degree they are willing to support it, what factors might contribute to it losing their support, and how involved they are in the daily administration of CBEMS.

I think students and administrators will answer questions about why CBEMS exists and why it is supported quite differently. I believe these answers will aid in resolving some of the conflict that often exists between university administrators and CBEMS leaders as well as greatly assist those working on new startups in making the correct appeal to their respective universities.

At this point, the research is in its preliminary stages. I welcome your thoughts on these issues and I look forward to your participation. While at the conference please take the time to complete the CBEMS Survey and provide us with the contact information for an appropriate administrator who can assist in this research. Surveys are available at the registration table or from any Regional Coordinator. Thank you and enjoy the conference.



***The objective of most universities... is to educate its student body and provide it with the necessary life skills to succeed in the world. There are few other activities that more completely fulfill this mission than campus-based EMS.***

## Professor Squirrel

Serious Campus EMS Advice from a Nut

*Dear Professor Squirrel,*

*Our university desires year-round coverage as opposed to just while school is in session. Do you have any thoughts as to how to get members to want to participate? Is this feasible for a volunteer student corps to even consider? What are reasonable things to ask for from the administration in terms of incentives?*

*Sincerely,  
Year Round Wanna-Be*

Dear Wanna-Be,

It is feasible but really depends on a number of factors. Take a look at the NCEMSF organizational database at the web site to see profiles of other schools that provide year round coverage. You may want to contact them or even do a site visit to find out more how they operate.

The first step you should take in considering this step is to take a hard look at why this is being considered. Is it because of a one time unusual incident, or is there a pattern of a sustained need? The NCEMSF web site consulting area contains several assessment tools where you can look at your campus risk factors and needs. For example, do you have a significant number of events that need EMS coverage taking place between semesters? Is your school hosting "camps" (such as basket ball camp, science camp, etc.) that is increasing the population on campus during breaks?

The next step is to consider what your resources are. The biggest resource that you need is personnel. Do you have a core group of providers who reside off campus who will be there to cover calls? Are you planning shift coverage or will people be on call? Will that be feasible for your needs?

Finally, who is it that is encouraging year round coverage and what kind of support can they provide? If there is a need for EMS due to sports events over breaks, then perhaps the athletics department will be willing to support that need with some resources. If there are summer session students or camps occupying housing, then the housing office might be able to provide some support in exchange for an EMS presence.

At any rate, be sure your plan is well defined before making the commitment. Think about what added expenses will crop up in your budget by being open additional days, and how your staffing plan will work.

See you around campus!  
Professor Squirrel



Professor Squirrel has been hanging out on campus begging for food from students and keeping an eye on campus EMS for many years. Send your questions to the Professor at professor@ncemf.org. The Professor will answer the best ones in the NCEMSF newsletter and on the NCEMSF General-L list. Your name and school will be kept confidential.

## News from the West Coast

Mark C. Malonzo, NCEMSF West Coast Regional Coordinator

Since this is my first article as an RC, I'd like to introduce myself and share a little about my background. I was a member of Loyola Marymount University EMS in Los Angeles for three years, and I served as the organization's Training Officer and President. In 2002, I graduated with a Bachelor's degree in Biology and began working part-time as a Clinical Instructor for the UCLA Center for Pre-hospital Care. I'm currently a student at the UCLA-Daniel Freeman Paramedic Education Program.

For the first time, representatives from Willamette University EMS in Oregon will be attending the annual NCEMSF conference! One member of Loyola Marymount University EMS (LMU EMS) pioneered West Coast visibility at the 2000 Conference. West Coast representation has continued to significantly increase each subsequent year. In 2003, several EMTs from Santa Clara University EMS (SCU EMS) were able to attend the NCEMSF conference in Washington D.C. Proudly, eight members from SCU EMS, thirteen from LMU EMS, and two from Willamette EMS are scheduled to travel over 3000 miles to participate in our 11th annual conference!

There are several new exciting developments and accomplishments with SCU EMS. Due to a change of Student Health Center operating hours, they recently expanded their

schedule from a 14-hour shift (6pm to 8am) to a 16-hour shift (5pm to 9am). There was an overwhelming response from 200 students for a 25-seat EMT class offered on Santa Clara's campus. Successful proposals and meetings with campus administrators resulted in an extra \$2500 grant for more equipment, which include a new AED and disaster-preparedness kit. Furthermore, the Santa Clara University Engineering Alumni Board awarded Ana Papsin, a veteran member of SCU EMS and engineering major, a \$500 grant for alphanumeric pagers and airfare to the NCEMSF conference.

In Los Angeles, 300 miles south of Santa Clara, LMU EMS has been experimenting with a donated breathalyzer since the beginning of this academic year. I plan to write a comprehensive article about the benefits, downfalls, and opinions regarding the utilization a breathalyzer as an assessment tool in pre-hospital emergency care for the next newsletter. However, please feel free to ask any of the thirteen members of LMU EMS at the conference about their experience.

Please contact me if you have any suggestions, comments, or questions. I'm looking forward to meeting many of you here in Baltimore!



## The Importance of Professionalism, Specifically in Collegiate EMS

Michael T. Hilton, NCEMSF New York Regional Coordinator

I often hear students around campuses talking about Collegiate EMS as a bunch of self-important kids with lights and sirens that play doctor while operating a taxi service for drunks. As collegiate EMS providers, we are forced to overcome this misconception. We are required to prove repeatedly to our communities that we provide a much larger and more encompassing quality pre-hospital emergency medical service. The way to combat this incorrect notion is to avoid reinforcing it. We fight it by insisting that we act professionally, by constantly demonstrating that professionalism, and by generating positive community publicity.

Professionalism can be achieved in many ways. Providers must dress in a uniform. This uniform can be formal or informal. It can range from dress shirts and EMT pants to polo shirts and jeans. However, it must be uniform: that is all members of the crew wearing the same outfit. Uniformity enhances the crew's visual appearance on calls by making crewmembers easily identifiable and subconsciously showing patients and bystanders that we care about how we present ourselves. Furthermore, providers should not look like they were about to go out clubbing for the night or they just came from the gym and spontaneously decided to jump on an EMS call. First impressions matter and the patient's first impression of the crew and the organization will be how the crew looks when it walks in the door.

Similarly, professionalism also means having an orderly presence on scene. Volunteer corps are notorious for responding to calls with upwards of six or more people – Collegiate EMS is no exception (the most I have ever witnessed was ten). There is no need for

so many people to respond, whether it's an injured ankle, a cardiac arrest, or any other type of call. Yes, we all enjoy jumping calls, but we must exhibit restraint. Think of it from a patient's point of view: if you called for an ambulance because you had twisted your ankle, would you appreciate having ten people show up merely to splint the injury and transport you? Suppose you had called for a more personal problem? No, most likely you would be embarrassed and annoyed. You might feel violated and think there was a lack of privacy. Additionally, you would probably be discouraged from calling for help in the future if you needed it. With so many people on a scene, it is also hard to maintain order and command. Patient care is jeopardized and professionalism is lost. No one wins; not the patient, not the corps. Such problems are solved easily by having dedicated crews of a modest number of providers (three or four) on call at all times and preventing off-duty members from jumping calls. If additional personnel are required, a request can be put out over the radio. Limiting the number of responders yields increased order and an overall more positive patient care experience for the patient and the crew.

The appearance of our equipment and vehicles also reflects upon our professionalism. We must keep equipment and vehicles clean, sanitary and functional. Showing up to a call with a visibly dirty ambulance and then taking a patient inside the same vehicle whose insides look as if it were a fraternity dorm room with objects thrown around, makes a horrible statement to your patients. It is like saying, "We do not care about our equipment and we do not care about keeping it safe and sanitary." There is a simple solution here: wash your vehicles'

exteriors on a regular basis and clean the interior when you start to notice that it is getting dirty. Also, put things back after use, and decontaminate them as necessary. Regularly ensure that all equipment is functioning properly so you do not get caught unable to provide appropriate care.

When a corps consistently demonstrates its professionalism, others in the community will already start to see it in a new light. No longer just the drunk squad, members of the community will begin to trust the corps and its abilities. They will not have reservations about calling. Corps should supplement these new perceptions by advertising their service. Posting flyers, printing brochures, and distributing phone stickers with the emergency contact numbers are all excellent ways of educating the community about your service. Corps may also consider holding public information sessions for the community to explain who they are and what they do. Participating in activities fairs and public safety or health service fairs on campus helps circulate information and create a positive image as well. The above are only a few common public relations techniques. In short the idea is to be visible and recognize that the community in which you live and that you serve is always watching and evaluating what it sees and forming opinions based on that sensory information. Corps members conducting themselves professionally and corps leadership understanding and emphasizing the effect of public impression and the importance of professionalism alone will dramatically dispel the unfortunate but common conception about many collegiate EMS corps.



## Alumni Corner

David I. Bacall, NCEMSF Alumni Coordinator

Here is a great idea to take back to your school. Ramapo College of NJ has just agreed to test pilot a special fundraising concept. In an effort to raise alumni participation in the annual fund, Ramapo College has agreed to split gifts with their EMS. How does it work? A letter was sent to alumni that were part of EMS during their college years. The letter commended them for their dedication to

the school and asked them to help with a special program. Every dollar raised would be split between a special scholarship program for EMS members and the college. NCEMSF helped to broker the deal with Ramapo, and all parties are excited to see how it works. If the program is successful, Ramapo will have increased alumni participation in the habit of giving and EMS will have some

money for their scholarship project.

Do you have a great idea for alumni or is your squad doing something noteworthy? Let us know at [alumni@ncemsf.org](mailto:alumni@ncemsf.org). Alumni: please join us at the alumni happy hour on Saturday evening and stop by the conference registration table for your special Alumni ribbon.



**A structured training program is just one piece of the puzzle for ensuring continued success of your collegiate EMS organization.**

### **About This Publication**

*NCEMSF NEWS is an official publication of the National Collegiate Emergency Medical Services Foundation (NCEMSF). This newsletter is published as a service to the foundation's members and the national EMS community.*

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## **Training for the Future**

Dr. Scott C. Savett, NCEMSF Vice-President

When my "real job" takes me on the road to a city that a campus EMS organization calls home, it's always a good opportunity to pay a visit. In a previous issue of *NCEMSF News* I wrote about such a visit to Loyola Marymount University EMS. More recently, I had the pleasure of visiting Virginia Tech Rescue (VT Rescue) in Blacksburg, Virginia.

As we were standing outside the station, a call for a dislocated shoulder was dispatched. My hosts were gracious enough to allow me to ride-along as a fifth person as this crew responded to the call. The siren wailed in the warm April evening as the ambulance made its way across campus. The crew leader, sitting shotgun, announced "Clear right!" to his driver as we approached an intersection. There was an air of certainty in his voice; a confidence that comes with going through the motions hundreds of times.

While I had seen about a dozen dislocated shoulders during my time at Clemson University (most frequently at an annual regional soccer tournament) some of the EMTs on the ambulance that night hadn't had the same opportunity. En route to the call, one of them verbally recalled the mechanism of injury for a dislocated shoulder, trying to plan for what she would be seeing.

Back in the patient compartment, one of the EMTs handed me two pairs of gloves and asked me hand to them to the crew leader and driver up front. There was a shout from the crew leader over the siren, directed to the crew in the back of the ambulance with me: "Make sure you grab the padded board splints, and the vacuum splints. And grab some cravats." True enough, you can never have enough cravats for splinting.

When we arrived on scene at the athletic center, it was like business as normal. Our patient was sitting by the center's front desk. The EMS crew was professional and low-key. They examined the patient, who had a history of shoulder dislocations. The shoulder had apparently popped itself back into place prior to the crew's arrival, so transport was not necessary. The crew explained the patient's options, and everybody agreed that the patient would "sign off." After a few minutes of paperwork, we walked back to the ambulance and then returned to the station.

VT Rescue's rigorous training was the most prominent feature of the evening. It was clear that VT Rescue personnel drilled more frequently than most other squads. This was

especially true for new members. Over and over again, practicing the proper use of a loaded stretcher was accomplished using a "volunteer" patient. While the trainees were outside practicing with the stretcher, one of the seasoned EMTs preparing to take his "crew chief" examination was interviewing a mock patient in a bunk room. The scenario was a typical college campus scene involving a known diabetic patient whose roommate called for the ambulance after finding her unresponsive. As if he had run the scenario a thousand times in his head, the EMTs' questions were appropriate and well-delivered. The rigorous training program instituted by VT Rescue had obviously accomplished its goals. The steps for advancement were well-known, and the resources to accomplish the steps were readily available.

What training program does your EMS organization have? Is there a clear path to advance from trainee to crew chief? Too many organizations (both collegiate and non-collegiate) lack formal programs, leading to member frustration. When a select few leaders of an organization strictly (and sometimes haphazardly) control advancement of junior members, resentment can quickly build. Less experienced EMTs begin asking "what does it take to move up in this organization?" Frustration leads to disenchantment and eventually results in members withdrawing from the organization.

Combating this problem is simple when a well-documented multi-step advancement program is implemented. Expectations and benchmarks for all members, no matter how new or experienced, should be made clear. Once a program is in place, member orientation should include familiarization with the program. Consequences for failing to meet those expectations should also be spelled out in the program. Figuring somewhere into the advancement program should be benchmarks for academic performance. While collegiate EMS is a valuable learning experience, it can have a tendency to depress its member's GPAs.

Striking the balance between a lackadaisical approach and an overly rigorous program can be difficult. Not enough training can produce inexperienced EMTs directly in charge of patient care – or even worse – in charge of an entire crew. On the other hand, having an arcane twelve-step training program that typically takes three years to traverse isn't ideal, either. Most successful training

*(Continued on page 6)*

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## News from the Mid-Atlantic Region

Kelly M. Schirmer, NCEMSF Mid-Atlantic Regional Coordinator

Greetings from and welcome to the Mid-Atlantic Region! As the new Spring 2004 semester begins, many of the schools in the region are hard at work to better their organizations and promote collegiate EMS.

**Georgetown University (GERMS):** Change is constant, especially in collegiate EMS, and GERMS has been working to create a smooth transition for their new officers in order to facilitate new growth opportunities within the squad. Operational change is occurring continuously for GERMS as they are working to revise and improve their current SOPs and bylaws of the organization, which will exemplify the advancements they have made in the past ten years. The current leadership and members have been diligently enhancing their training program for new EMTs utilizing Georgetown University Medical Center physicians, nurses, and paramedics.

**Radford University (RUEMS)** is currently the only school in the region with EMSAT (Emergency Medical Satellite Training) capabilities, which allows for EMTs and Paramedics to access a video link that provides continuing education credits on different topics such as behavioral emergencies and head and facial trauma. The EMSAT program is in conjunction with the Virginia Department of EMS and RUEMS involves the local hospitals as well as part of the training facilities. In addition, this semester RUEMS was granted the funding from the RU Student Government to kick off their bike team. All members of the team will be International Police Mountain Biking Association (IPMBA) trained.

**Virginia Tech (VT Rescue)** just put into service on January 17<sup>th</sup> their new ambulance that brings their fleet to two ambulances and

one quick response vehicle. VT Rescue has also acquired two bikes and trained eight members in Bike EMS. VT Rescue hopes that this team will grow in the future and will be able to assist them in working large VT events as well as improve patient access to EMS care. VT Rescue has transitioned from a student organization to an Auxiliary Unit of Virginia Tech, allowing for a more formal budgeting process, enhanced organizational autonomy and increased funding.

**The George Washington University (EMeRG)** is now offering multiple CME credits for its members including Combitube and Advanced airway, Altered Mental Status and Glucometer review, Allergic Reaction and Epi, and WMD. In order to improve member morale and to reward it's dedicated members, EMeRG is now offering a 100% housing scholarship for senior members of the organization who commit more than 24 hours of duty per week.

**Johns Hopkins University (HERO)**, the 2004 Conference host, has installed alarms at the 18 AEDs on-campus that dispatch the HERO on-duty crew to codes. In addition, many of the members have had the opportunity to ride-a-long with Baltimore City paramedic units advancing their clinical skills in the high-need urban Baltimore area. With an increased call volume this semester, HERO acquired new lightweight, technologically advanced radios for prompt dispatching and improved communication within the crews. Also, certain crewmembers were given the opportunity to participate in a Terrorism Field Exercise that was conducted by the surrounding county's police, fire, and EMS units.

Congratulations to the organizations in the Mid-Atlantic region for a great start to 2004.

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*(Training for the Future, Continued from page 5)*  
programs I have seen have four to five levels of training. Advancement from one level to the next is based on documentable objective criteria. Excellent examples of collegiate EMS training / advancement programs that come to mind include VT Rescue, Columbia University, and University of Dayton, all three of which will be attending this year's Annual Conference.

I would encourage every collegiate EMS leader to have at least one eye looking towards the future. Given the typical one-year duration of most officer positions, most collegiate EMS leaders focus on the near term. A question like "how can I fill my shifts this month" probably takes priority over long-term recruitment and retention. If recruitment drops significantly for even one year, the consequences will likely be felt a couple years down

the road. Similarly, if there is a banner year for new recruits, a glut of qualified EMTs may be seen a couple years later. In the best case scenario, the overabundance of EMTs will benefit the entire organization since members won't have to take duty as often. In the worst case, people will leave as they become frustrated with the inability to advance within the organization.

Recruitment and retention are entirely different topics that I'll defer for a future article. The take-home message for this article is that a well-planned advancement and training program is instrumental in ensuring your crews are well-trained and appropriately staffed. Such a program is just one piece of the puzzle for ensuring continued success of your collegiate EMS organization.

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