



## Welcome to the Paramedic Network

Congratulations on being selected to be an educator for the Paramedic Network. You bring unique talents and gifts that will contribute to the Paramedic Network mission. We are happy that you have joined us and look forward to sharing our goal of bettering community health worldwide. Welcome Aboard!

### **Education Consultant**

**Position Title:** Education Consultant *for* Education Development and Delivery

**Responsible to:** Chief Operating Officer, Directors

**Position Summary:** Educators, Council Members, Committee Members and Advisory Board Members will provide education written to the standards of the Paramedic Network, Mobile CE, Community Partners, DOE, GPHEC, GPACHE, CAPCE, CAAHEP, National and State Registries.

### **Qualifications:**

- Minimum of 3 years of experience in the assigned specialty area.
- Maintain Certification or Licensure in area of specialty
- Hold a related degree at the Associate, Bachelor, Master or Doctorate Level
- Have subject matter expertise in assigned education teaching or development
- Previous experience as educator or course development
- Strong writing and presentation skills

### **Responsibilities:**

- Offer validated, evidence or research-based items for use throughout the Paramedic Network
- Submit all assignments on schedule and in accordance with established practices
- Supports the vision, mission and goals of the Paramedic Network and its organizations.
- Work with integrity and security
- Confidentiality agreement
- Educator Contractor agreement
- Current W9 completion for 1099 year-end reporting
- Quarterly calls and one annual in-person meeting attendance
- Maintain the commitment for a minimum of one year after appointment



### **Course Development Expectations**

Use the following guidelines to help you build your online or offline courses.

#### **Program or Course Title:**

#### **Description:**

A course description is needed so that the student understands the course that they will be participating in. This is a short statement which information the student about the subject matter, approach, breadth, and applicability of the course.

#### **Objectives:**

List of course objectives and any website link references which could include book links on Amazon, video links, etc.

#### **Syllabus:**

A syllabus should display course content, goals, and elements as well as a guide for the students to understand the teaching and learning styles they can expect in your course(s).

#### **Rubrics:**

Visual evaluation tools showing scale and expectation allow the students to know exactly what is necessary to achieve success throughout the course(s).

#### **Google® Classroom:**

The Google® Classroom is the online classroom LMS of choice for Mobile CE™. Once given access it is expected that the course be built and ready to be accessed by students on day one (1) of the course.

#### **Pearson My Lab™:**

The Pearson My Lab is the online classroom LMS of choice for Community Partners™. Once given access it is expected that the course be built and ready to be accessed by students on day one (1) of the course.

#### **Final Grades:**

Due within one (1) week of course completion, final grades are due to the Program Coordinator.



**Independent Contractor Agreement**

This independent Contractor Agreement (the “Agreement”) dated \_\_\_\_\_ with service to begin on \_\_\_\_\_ will terminate on \_\_\_\_\_ (one year), between the Paramedic Network Organizations and \_\_\_\_\_ (the “Contractor”).

The Paramedic Network Organizations are of the opinion that the Contractor has the necessary qualifications, experience and abilities to provide services to the customer. The contractor is agreeable to providing such services to the Customer on the terms and conditions set forth in this agreement. IN CONSIDERATION OF the matters described above and of the mutual benefits and obligations set forth in this Agreement, the receipt and sufficiency of which consideration is hereby acknowledged, the Paramedic Network Organizations and the Contractor (individually the "Party" and collectively the "Parties" to this Agreement) agree as follows:

**Services Provided:**

The Paramedic Network Organizations hereby agree to engage the Contractor to provide the services (the “Services”) consisting of: Education Development & Delivery and Professional & Organizational Development. The Services may also include any other tasks which the Parties may agree on. The Contractor hereby agrees to provide such Services for the Paramedic Network Organizations.

**Term of Agreement:**

The term of this agreement (the “Term”) will begin on the date of this Agreement and will remain in full force and effect as stated above, subject to earlier termination as provided in this Agreement. The Term of this Agreement may be extended by mutual written agreement of the Parties. Except as otherwise provided in this Agreement, the obligations of the Contractor will terminate upon the earlier of the Contractor ceasing to be engaged by the Paramedic Network Organizations or the termination of this Agreement by Paramedic Network Organizations or Contractor.

**Performance:**

The parties agree to do everything to ensure that the terms of this Agreement take effect according to the Contractors own schedule. The Contractor may refuse the work outlined in this agreement with a written seven-day notice to the Paramedic Network Organizations.

**Compensation:**

An invoice or “Course Completion form” will be provided to the Paramedic Network Organization Director for payment of services rendered. For the services rendered by the Contractor as required by this Agreement, the Paramedic Network Organizations will provide a per hour rate for a teaching time agreeable to both parties. The contractor is not an employee of any Paramedic Network organization and is therefore responsible for all tax and liabilities associated with the compensation outlined within this agreement.

Contractor Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

PN Organization Director \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_



**Direct Deposit Agreement & Agreement**

**Instructions:**

Independent Contractor or Employee: Fill out and return this document must be signed by any independent contractor requesting direct deposit of honorarium. The Paramedic Network uses Zelle® for all payments\*. The Independent contractor may find Zelle® account setup instructions: <https://www.zellepay.com>. Insert your Zelle® information below:

Zelle Account: \_\_\_\_\_

**Authorization:**

This authorizes the Paramedic Network Organizations to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the account to post all such entries. I agree that the Zelle® transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

\*In the event your financial institution does not yet support Zelle and you do not have a debit card to link the Zelle to you account, we will process your contract honorarium through our vendor accounting system.

***Note: W9 is required for either payment method***



**Website & Portfolio Biography**

Last Name	Frist Name	Credentials

**College / University / Organization**

**Short Bio:**

**Area of Passion and/or Expertise**