

## CURRICULUM VITAE

### PERSONAL INFORMATION

Name Last Koonce	First Robert	Middle Initial E
Work Address 300 W. Baker Rd	City Baytown	State TX
		ZIP 77521
Work Phone 281-420-4500 x84156	Work Email Address robert.koonce@gccisd.net	

### EDUCATION *(List Highest Degree First)*

Institution	Major	Degree	Year
Columbia Southern Univ.	Occupational Safety and Health	AAS	2014

### CERTIFICATION AND LICENSURE

EMT-P	

### RELEVANT PROFESSIONAL EXPERIENCE *(List current primary position first.)*

Employer	Position	Department	Date
GCCISD	CTE Teacher	Health Science	2016-present
Nuphysicia	Operations Sup.	Medicine at Work	2012-2016
Montgomery County Hospital District	Paramedic III	EMS	1998-2012
City of Cleveland EMS	Field Sup.	EMS	1990-1998
TDCJ	Medic	Ellis II	1984-1990

### PROFESSIONAL MEMBERSHIPS/MAJOR COMMITTEES *(Last 5 years)*

Organization	Officer (if applicable)	Date
n/a		

### CONFERENCE PRESENTATIONS *(Last 5 years)*

Conference Name	Title of Presentation	Date
GCCISD Giantcon	Stop the bleed	2024

### COMMUNITY SERVICE *(Last 5 years)*

n/a		

### HONORS AND AWARDS

Texas TIA	

### OTHER MAJOR PROFESSIONAL DEVELOPMENT *(Up to 5 activities)*

Title	Type of Activity	Date(s)