



# Hudson Valley Regional Emergency Medical Services Council

45 Academy Avenue ~ Cornwall On Hudson, NY 12520  
(845) 534-2430 ~ fax: (845) 534-3070  
www.hvremSCO.org

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## Change of Primary Agency Affiliation Form

### Level of Certification:

EMT-Paramedic     EMT- Critical Care     EMT-Intermediate

NYS EMT Certification # \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

*Please Type or Print Legibly*

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_                       Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

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Please change my Primary ALS Agency Affiliation to that listed below effective immediately;

Primary ALS Agency \_\_\_\_\_ Agency Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
MAC Number

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*The Agency supports the request of the applicant to be credentialed in the Hudson Valley Region as an Advanced Life Support Provider at the level indicated above.*

*In supporting this application, the Agency acknowledges that it is responsible for maintaining Continuing Medical Education (CME) attendance records and providing annual reports of such attendance to the HVREMAC.*

*The Agency acknowledges and accepts the responsibility for providing to this applicant any future protocol updates or in-service training required by the Hudson Valley REMAC or Hudson Valley REMSCO.*

*Should the applicant, for any reason, discontinue his or her association with the Agency, the Agency shall notify the REMAC in writing of the discontinuation within ten (10) calendar days. All CME attendance records must then be provided to the HVREMSCO office for transfer to a new Primary Agency.*

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Name of Primary Agency Representative

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Title

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Contact Phone #

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E mail Address

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Date

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Signature

I herby certify that all of the information in this application is true and correct and that the signature above is mine as the Primary Agency Representative. I further understand that offering or providing false information on this document may subject any certification to revocation or other action deemed appropriate by the REMAC.