



HUDSON VALLEY REGIONAL
EMERGENCY MEDICAL SERVICES COUNCIL, INC.
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Medical Control Credential Application

To be completed by Applicant Date ___/___/___
Test Type (Check One) MD PA NP MD/PA/NP License # _____
Last Name _____ First Name _____ MI _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ - _____ Work Phone (____) _____ - _____
Other Phone (____) _____ - _____ e-mail _____
Date of Birth ___/___/___ Sex Male Female
Primary Hospital _____ Hospital Code _____
Secondary Hospital _____ Hospital Code _____
MD/PA/NP Signature _____

To be completed by HVREMSCO
Document Checklist Medical License Letter of Affiliation Photo ID
Exam Date ___/___/___ Grade _____ Exam # _____
Retest Date ___/___/___ Grade _____ Exam # _____
MAC Number Issued _____ Card Type Issued MD PA NP
Expiration Date ___/___/___ Card Issued By _____
Date Card Issued ___/___/___ Issuers Signature _____

Hudson Valley Regional Hospital Codes

Saint Francis Hospital	136	Good Samaritan Hospital	431
Northern Dutchess Hospital	132	Nyack Hospital	436
Vassar Medical Center	134	Catskill Regional Medical Center	796
Orange Regional Med. Ctr.-Arden Hill	351	Benedictine Hospital	551
St. Luke's-Cornwall Hospital-Cornwall	352	Ellenville Regional Hospital	552
Orange Regional Med. Ctr.-Horton	354	Kingston Hospital	553
Bon Secours Community Hospital	353	Hudson Valley Hospital Center	825
Saint Anthony Community Hospital	363	Westchester Medical Center	803
St. Luke's-Cornwall Hospital-Newburgh	357	Sharon Hospital	830
Putnam Hospital Center	392		