



# Hudson Valley Regional Emergency Medical Services Council

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

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## EMS Agency Medical Director Affirmation Form

**License/Certification Type:**

MD                       DO

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

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*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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As a Physician licensed by New York State, I agree to serve as the Medical Director in charge of the oversight and coordination of all pre-hospital medical care provided by the New York State certified and Hudson Valley Regional Medical Advisory Committee (HVREMAC) credentialed Emergency Medical Services personnel whom are affiliated with the below identified EMS Agency. In conjunction with the HVREMAC, I will serve as the medical resource for continuing medical education (CME) and quality control of all pre-hospital emergency medical care. I agree to notify the HVREMAC in writing of any changes to my EMS Agency affiliation.

**EMS Agency:** \_\_\_\_\_ **Agency Code:** \_\_\_\_\_

Furthermore, I acknowledge my expertise with the New York State Basic Life Support Adult and Pediatric Treatment Protocols as well as the Hudson Valley REMAC approved triage, treatment and transportation protocols, medical control plan, continuing medical education procedures and quality improvement policies and procedures and will renew this affirmation upon any revisions, additions, deletions, or changes to such documents, as directed by the REMAC.

I hereby certify that all of the information in this application is true and correct and that the signature below is mine as the applicant. I further understand that offering or providing false information on this document may subject this agreement to revocation or other action deemed appropriate by the REMAC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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The EMS Agency acknowledges that the Medical Director is in charge of the oversight and coordination of all pre-hospital medical care provided by the New York State certified and HVREMAC credentialed Emergency Medical Services personnel whom are affiliated with the identified EMS Agency. In supporting this application, the EMS Agency acknowledges that it is responsible for ensuring that the identified EMS Agency Medical Director meets or exceeds all of the provisions indicated in Section 16 and 17 of the Hudson Valley REMAC approved Medical Control Plan. The EMS Agency also acknowledges and accepts the responsibility for providing to this applicant any future updates or revisions to the New York State Basic Life Support Adult and Pediatric Treatment Protocols as well as the Hudson Valley REMAC approved triage, treatment and transportation protocols, medical control plan, continuing medical education procedures and quality improvement policies and procedures, and will provide all related in-service training required by the Hudson Valley REMAC. Should the Medical Director, for any reason, discontinue his or her association with the EMS Agency, the EMS Agency shall notify the REMAC in writing of the discontinuation within ten (10) calendar days.

\_\_\_\_\_  
Name of Authorized EMS Agency Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Phone #

\_\_\_\_\_  
E mail Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date