



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

Application for Advanced Life Support Credentials

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 # _____

Primary ALS Agency* _____ Agency Code: _____

(* Note: Change of primary agency requires completion of a "Change of Primary Agency" document)

The following documentation is attached to this application:

- Primary Agency Affiliation document
- Copy of Valid Driver's License or other State issued photo identification
- Copy of Valid NYS DOH BEMS ALS Certification Card
- Copy of current credentials as required by the HVREMSCO Medical Control Plan

I affirm that:

- a. In accordance with the requirements of 10 NYCRR 800 for certification or re-certification as an Emergency Medical Technician or Advanced Emergency Medical Technician I have not been convicted of any crime or crimes related to murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs.

Or

- b. An investigation has been conducted by the New York State Dept of Health, Bureau of EMS concerning prior conviction(s) for such crimes as listed in "A" and that a determination has been made permitting certification or continuing certification as an EMT or AEMT.

Further, I hereby certify that all of the information contained 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 any certification to revocation or other action deemed appropriate by the REMAC.

Applicant's Signature: _____ Date ____ / ____ / _____

HVREMAC Number issued _____ Issuer's initials: _____