



Hudson Valley Regional Emergency Medical Services Council

103 Executive Drive ~ Suite 400, New Windsor, NY 12553
(845) 245-4292 ~ fax: (845) 245-4181
www.hvremSCO.org

Application for HVREMAC Credentials Re-Examination *To Be Completed By Agency*

PROVIDER:

First Name

Last Name

PROVIDER ADDRESS:

Address Line 1

Address Line 2

City

State

Zip Code

PROVIDER LEVEL:

EMT-PARAMEDIC

EMT-Critical
Care

AEMT

NYS EMT Certification #

Expiration Date

PROVIDER CONTACT INFORMATION:

Phone Number

Mobile Phone Number

AGENCY:

Agency Name

Agency Number

Agency Representative Must Complete The Following):

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.

By selecting this box the agency affirms the provider has completed all required remediation prior to sitting for the HVREMAC credentialing exam.

Name of Agency Representative

Title

Contact Phone #

Email Address

Signature

Date

In supporting this application/revocation, the Agency acknowledges that it is responsible for adhering to all policies and procedures promulgated by the HVREMSCO and HVREMAC.

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.