



HUDSON VALLEY REGIONAL
EMERGENCY MEDICAL SERVICES COUNCIL, INC.
33 Airport Center Drive, Suite 204, Second Floor
New Windsor, NY 12553
(845) 245-4292 Phone
(845) 245-4181 Fax
hvremSCO@hvremSCO.org
www.hvremSCO.org

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 _____

Secondary Hospital _____

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 _____
