



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 _____
