



Hudson Valley Regional Emergency Medical Services Council

33 Airport Center Drive, Suite 204, Second Floor

New Windsor, NY 12553

Phone - (845) 245-4292

Fax-(845) 245-4181

www.hvremSCO.org

Medical Control / Physician Contact Request Form

Organization Information			
NAME:			
	Last	First	Middle Initial
ADDRESS:	Agency Name		
	Address Line 1		
	Address Line 2		
	City	State	Zip code
CONTACT:			
	Work #	Fax #	E-Mail Address

Content: Must be completed and submitted to HVREMSCO prior to Approval			
Presenter's Name:	Presenter's Level:	MD PA NP	HVREMAC #:
Hospital Affiliation:			
▶ Presentation Title:			
▶ Presentation Date:	Presentation Time:	Presentation Total Hours:	
▶ Location:			
▶ BLS Protocol Reference:			
▶ ALS Protocol Reference:			
If not related to existing Protocol Indicate relevance to EMS:			
Check all applicable options:	Post on HVREMSCO Website	RSVP Required (attach RSVP contact)	
	DO NOT POST to HVREMSCO website	Fee Charged (attach Fee Information)	

****Please submit a course outline/description, Power Point Presentations, and handouts with this request****

To be completed by the Regional Office

Date Received:

Date Approved:

Total Hours Approved:

Approval Code:

Original Documents must be Mailed, Emailed or Hand Delivered to the HVREMSCO 15 days prior to the date of the presentation. Failure to submit completed application may result in your application being denied. **Form must be postmarked or sent via email 15 days prior to the date of the program.**