



Hudson Valley Regional Emergency Medical Services Council, Inc.
 33 Airport Center Drive ~ Suite 204 Second Floor
 New Windsor, NY 12553
 Phone: (845) 245-4292
 www.hvremSCO.org

Agency Affiliation Form

Provider

Last Name	First Name	Middle Initial
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Address Line 1: _____

Address Line 2: _____

_____	_____	_____
City	State	Zip Code

Contact Information: _____

Home Phone	Mobile Phone	Work Phone
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E-Mail Address

Level of Care: Paramedic Critical Care AEMT

_____	_____	_____
NYS EMT#	Expiration Date	HVREMAC#

If you are currently credentialed to practice at the level indicated above by another REMAC participating in the Collaborative Protocols, please submit a letter of good standing from that REMAC.

**** Paramedic and EMT-Critical Care providers must also submit copies of valid BCLS, ACLS, and PALS (or PEPP) cards ****

_____	_____
Agency Name	Agency Number

Affiliation Type: Primary Secondary **Request Type:** Add to roster Remove from roster

For providers seeking HVREMAC credentialing:

Does the agency support the applicant's request to be credentialed in the Hudson Valley Region as an Advanced Life Support Provider at the level indicated above? YES NO

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

I certify all of the information in this application is true and correct, the signature below is mine, and I am authorized to act on behalf of the agency. I understand offering or providing false information on this document may subject any certification to revocation or other action deemed appropriate by the HVREMAC.

Chief of Operations or Designee Name

Title

Email Address

Phone Number

Signature

Date