



Hudson Valley Regional Emergency Medical Services Council

33 Airport Center Drive ~ Suite 204 Second floor ~ New Windsor, NY 12553
(845) 245-4292 ~ fax: (845) 245-4181
www.hvremSCO.org

Application for RSI Credentials

Level of Certification: EMT-Paramedic

NYS EMT Certification # _____ Expiration Date ____ / ____ / ____

HVREMAC Credential # _____ Expiration Date ____ / ____ / ____

Please Type or Print Legibly

Last Name _____ First Name: _____ M.I. ____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Primary Phone # _____ Secondary Phone # _____

E-Mail: _____

Affiliated ALS Agency* _____ Agency Code: _____

(* Note: Change of agency requires completion of a change of agency document)

I affirm that:

I have successfully completed an approved HVREMSCO RSI Training Program, and received a favorable audit from an authorized Lab Instructor. Furthermore, I affirm that I have successfully completed the written exam.

The following documentation is attached to this application:

- Completed test score for the RSI written exam _____
- Completed, favorable audit from an authorized RSI Lab Instructor
- Letter from COO and Medical Director recommending certification.
- Verification of completion of didactic and RSI Skills Sessions

Further, I hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as the applicant.

Applicant's Signature: _____ Date ____ / ____ / ____
