



**HUDSON VALLEY REGIONAL EMS COUNCIL**  
 33 Airport Center Drive ~ Suite 204 New Windsor, NY 12553  
 PHONE (845) 245-4292 FAX (845) 245-4181  
[hvremSCO@hvremSCO.org](mailto:hvremSCO@hvremSCO.org)  
[www.hvremSCO.org](http://www.hvremSCO.org)

**BLS Agency Information Update Form**

**Service Information**

<b>Agency Name</b>					
<b>Address Line 1</b>					
<b>Address Line 2</b>					
<b>City</b>		<b>State</b>		<b>Zip code</b>	
<b>Telephone</b>					

**Officer Information**

<b>Title</b>	<b>Name</b>	<b>E-Mail Address</b>
<b>Chief Executive Officer</b>		
<b>Chief Operations Officer</b>		
<b>Training Officer/Coordinator</b>		
<b>Quality Improvement Coord.</b>		
<b>Medical Director</b>		

**Adjuncts Information- Please check all that apply**

<i>BLS Albuterol</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>BLS CPAP</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>BLS Glucometry</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Intranasal Naloxone</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>BLS 12-Lead</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***I affirm that the information above is current.***

---

Signature/ Title

Phone Number

Email Address

***\*\*Please attach a copy of your most recent QI Plan\*\****