



# 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

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## Application for RSI Credentials

**Level of Certification:** EMT-Paramedic

NYS EMT Certification # \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

HVREMAC Credential # \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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*Please Type or Print Legibly*

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone # \_\_\_\_\_

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Affiliated ALS Agency\* \_\_\_\_\_ Agency Code: \_\_\_\_\_

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

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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:

- 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.

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*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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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