



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

Agency Revocation of Affiliation Form

Level of Certification:

EMT- Paramedic

NYS EMT Certification #: _____

AEMT

EMT- Critical Care

Certification Expiration Date: _____

Provider Information:

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

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip code: _____

Email: _____

Primary Phone: _____ Secondary Phone: _____

Please remove the provider referenced above from our agency's affiliation roster immediately.

Agency Name: _____ Agency Code: _____

Name of Agency Representative

Title

Contact Phone #

Email Address

Date

Signature

If a provider, for any reason, should discontinue an association with the Agency, the Agency shall notify the REMAC of the discontinuation within ten (10) calendar days.