



HUDSON VALLEY REGIONAL  
EMERGENCY MEDICAL SERVICES COUNCIL, INC.

33 Airport Center Drive,  
Suite 204  
New Windsor, NY 12553  
(845) 245-4292 Phone  
(845) 245-4181 Fax  
hvremSCO@hvremSCO.org

**COLLABORATIVE AGREEMENT**

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**CPAP INSERVICE**

As per Hudson Valley Regional Medical Advisory (HVREMAC) requirements,

**CIC Name** \_\_\_\_\_

Enters into this collaborative agreement in which;

1. The CIC will present the CPAP educational program provided them by HVREMSCO in accordance with the New York State Department of Health Policy Statement 15- 02 "Continuous Positive Airway Pressure (CPAP) for BLS EMS Agencies", and attached curriculum;
2. The CIC will ensure that the BLS minimum hours for proscribed training and education as outlined are adhered to;
3. The CIC will ensure that class attendance rosters, skill sheets and written test results will be provided to the sponsoring Agency;
4. It is anticipated that during the delivery of the CPAP Program minor deviations as to the flow of the lecture may occur to facilitate the learning process. This is acceptable so long as the content of the provided materials are not significantly changed;
5. The CIC will provide the HVREMSCO with an attendance roster no later than five (5) days after the completion of the class;

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**CIC Name (Printed)** \_\_\_\_\_

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**Title** \_\_\_\_\_

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**Signature** \_\_\_\_\_

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**Date** \_\_\_\_\_

SERVING DUTCHESS, ORANGE, PUTNAM, ROCKLAND, SULLIVAN, AND ULSTER COUNTIES