



Hudson Valley Regional Emergency Medical Services Council

33 Airport Center Drive, Suite 204
(845) 245-4292
www.hvremSCO.org

Agency Affiliation Form

Provider:

First Name

Last Name

Provider Address:

Address Line 1

City

State

Zip Code

e-Mail Address

Provider Level:

EMT-Paramedic

EMT-CC

AEMT

NYS EMT Certification #

Expiration Date

MAC #

Provider Contact Information:

Mobile Phone Number

Agency:

Agency Name

Agency Number

Primary/Secondary

Primary

Secondary

Name of Agency Representative

Title

Contact Phone #

Email Address

Signature

Date

I hereby certify that all of the information in this application is true and correct and that the signature above is mine as the Primary Agency Representative. I further understand that offering or providing false information on this document may subject any certification to revocation or other action deemed appropriate by the REMAC. In supporting this application, the Agency acknowledges its responsibility for adhering to all Policies and Procedures promulgated by the HVREMSCO and HVREMAC.