



Hudson Valley Regional Emergency Medical Services Council, Inc.
33 Airport Center Drive, Suite 204
New Windsor, NY 12553
(845) 245-4292
hvremSCO@hvremSCO.org

Application for Participation in the i-gel Supraglottic Airway Pilot Program

Agency Name: _____ Agency Code: _____

Agency Address: _____

Agency Phone #: _____ Go-Live Date: _____

Agency Contact Name: _____ Phone Number: _____

Agency Contact Email: _____

e-PCR Vendor: _____

Agency Medical Director: _____ Phone Number: _____

Medical Director Email: _____

Medical Director Affiliated Hospital: _____

Agency Region: _____ Date of Application: _____

Region Contact Name: _____ Phone Number: _____

Region Contact Email: _____

Signature of Agency Official

Date

Signature of Medical Director

Date

Signature of Regional Representative

Date

Upon submission of this application, agencies participating in the HVREMSCO i-gel Supraglottic Airway Pilot Program agree to all administrative, training, testing, quality assurance, reporting, and record-keeping requirements of the program as listed in the Pilot Project Proposal.

After the form is completed, with all original signatures, please e-mail to: hvremSCO@hvremSCO.org