Hudson Valley Regional Emergency Medical Services Council

103 Executive Drive ~ Suite 400, New Windsor, NY 12553
(845) 245-4292
www.hvremsco.org

Agency Affiliation Form

Provider: _____
First Name Last Name

Provider Address:

Address Line 1

Address Line 2

City State Zip Code

Provider Level: ☐ EMT-Paramedic ☐ EMT-CC ☐ AEMT

NYS EMT Certification # Expiration Date MAC #

Provider Contact Information:

Phone Number 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.

Revised May 2023

Clear Form Click to Submit