



W e s t c h e s t e r R E M A C
Credentialed ALS EMS Provider – Info Change
 (Address or Agency Affiliation)

Please Type or Print Legibly. Indicate which information has changed

Last Name _____ First Name _____ M.I. _____

NYS EMT # _____ EMT-Paramedic AEMT

ADDRESS CHANGE

Address _____

City _____ State _____ Zip _____ Email _____

Home Phone () _____ Work Phone () _____

AGENCY AFFILIATION CHANGE

(To be completed by the Chief Operating Officer or QI Coordinator and Service Medical Director)

New Primary Agency* _____ Agency Code _____

Other Agency _____ Agency Code _____

(* Note: Westchester REMAC Authorized ALS / ILS Agency)

This agency acknowledges the request of the above named individual to change his/her designation of Primary Agency.

In supporting this application, the Agency acknowledges that it is responsible for maintaining Continuing Medical Education (CME) and Call Audit (CA) attendance records and providing reports of such attendance with the Westchester REMAC as required.

The Agency acknowledges and accepts the responsibility for providing to this applicant any future protocol updates or in-service training required by the Westchester REMAC or REMSCO.

Should the applicant, for any reason, terminate his or her association with the Agency, the Agency shall notify the REMAC in writing of the termination within ten (10) calendar days. All CME and CA attendance records maintained must then be provided to the applicant for transfer to a new Primary Agency.

 Name, Primary Agency
 Chief Operating Officer or QI Coordinator

 Signature

 Date

 Name, Primary Agency
 Service Medical Director

 Signature

 Date

This completed form must be **MAILED** to:
Westchester REMAC
4 Dana Rd.
Valhalla, NY 10595
ATTN: Provider Credentialing

ALS EMS Provider Information Update (2015).doc / REPLACES ALL PREVIOUS VERSIONS / LOCAL REPRODUCTION AUTHORIZED