



W e s t c h e s t e r R E M A C
APPLICATION FOR ALS CREDENTIALING
 (To Be Completed Prior to Testing)

Please Type or Print Legibly

Level of Certification (check one) EMT-Paramedic AEMT

NYS EMS Certification # _____ **NYS Expiration Date** _____ / _____ / _____

Last Name _____ **First Name** _____ **M.I.** _____

Birth Date _____ / _____ / _____ Male Female

Address _____

City _____ **State** _____ **Zip** _____ **Email** _____

Home Phone () _____ **Cell Phone** () _____

Primary ALS Agency* _____ **Agency Code** _____

(* Note: Agency Credentialing Support Form completed by this agency must accompany this form.)

I affirm that:

1. A. In accordance with the requirements of 10 NYCRR 800 for certification or re-certification as an Emergency Medical Technician or Advanced Emergency Medical Technician I have **NOT** been convicted of any crime or crimes related to murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs.

OR

B. An investigation has been conducted by the New York State Dept of Health, Bureau of EMS concerning prior conviction(s) for such crimes as listed in "A" and that a determination has been made permitting certification or continuing certification as an EMT or AEMT.

2. I am currently **NOT** under charge for such crimes as listed in 1-A.

3. I have read and agree to abide by the Regional Credentialing Policies as promulgated by the Westchester Regional Emergency Medical Advisory Committee (REMAC). I understand that failure to do so may result in the loss of my regional privileges to provide ALS care.

4. I understand that it is my responsibility to advise the Westchester REMAC of any changes in contact information or agency affiliation and that unanswered or unclaimed mail sent via USPS by the REMAC still constitutes a legal notice.

5. The following documentation is attached to this application:

- ▶ **Primary ALS/ILS Agency Support Document**
- ▶ **Copy of Valid Driver's License or other Government issued photo Identification**
- ▶ **Copy of Valid NYS EMS Certification Card**

Further, I hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as the applicant.

Applicant's Signature _____ **Date** _____ / _____ / _____

WREMAC Original Credentialing Agency Support Form - v5 2015.doc
 REPLACES ALL PREVIOUS VERSIONS / LOCAL REPRODUCTION AUTHORIZED