



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

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**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