



W e s t c h e s t e r R E M A C  
**Renewal Credentialing Support Form**  
 (To Be Completed by the Provider's ALS/ILS Primary Agency of Record)

Level of Certification (*check one*)     EMT-Paramedic     EMT-Intermediate

NYS EMS Certification # \_\_\_\_\_ New Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_     Male     Female

Primary ALS Agency \_\_\_\_\_ Agency Code \_\_\_\_\_  
 (Note: Formal change of primary agency requires completion of a separate document – contact the Regional EMS Office for more information.)

In supporting this application, the Primary Agency hereby affirms:

1. It has, on site, documentation attesting to the attendance of the above provider at the required number of Westchester REMAC approved Continuing Medical Education (CME) and Call Audit (CA) hours to renew Westchester Regional ALS credentialing, including attendance at any required REMAC updates.
2. It acknowledges that all provider attendance records are subject to audit by the Westchester Regional EMS Office without prior notification.

	OWED <sup>†</sup>	COMPLETED <sup>‡</sup>	NET
▶ Continuing Medical Education (CME) Hours			
▶ Call Audit (CA) Hours			

*The below signed hereby certify that all of the information contained in this application is true and correct.*

\_\_\_\_\_  
 Name, Primary Agency  
 Chief Operating Officer or QI Coordinator

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name, Primary Agency Medical Director

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**ORIGINAL SIGNED DOCUMENTS MUST BE MAILED OR HAND DELIVERED.  
 FAXED COPIES ARE NOT ACCEPTABLE.**

<sup>†</sup> Forty-Eight (48) hours of Continuing Medical Education (CME) and twenty-four (24) Hours of call audit (CA) attendance are required for a three (3) year or thirty-six (36) month period of credentialing. A term of credentialing less than three (3) years or thirty-six (36) months shall be prorated to 1.33 hours of CME and .66 hours of CA per month of the term of credentialing. Any fractional hour requirements shall be rounded to the next higher whole number.

<sup>‡</sup> Questions concerning CME/ CA requirements for a specific provider should be directed to the Regional EMS Office at (914) 231-1616.

<sup>‡</sup> All credentialing terms begin after successful completion of the entire testing process, and CME/CA applicable for re-credentialing must have been completed **after** that date.