NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Fort Ann Rescue Squad Inc	5714
Name of EMS Agency	NYS EMS Agency Code

Fort Ann Rescue Squad Inc
Full Name of Corporate Entity requiring F&C review as a new owner/operator

Kaitlin Mitchell	Vice President
Full Name of Individual	Title

[redacted]
Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted]	[redacted]
Social Security Number (this is not releasable under the provisions of FOIL)	Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES	NO	
☑	☐	Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
☐	☑	Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
☐	☑	Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
☐	☑	Home or residence licensed by NYS or equivalent in any other state.
☐	☑	Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- **Current resume or curriculum vitae**
- **Copies of any related licenses and certifications**
- **Listing of address of residence, or if less than 2 years, addresses of prior residences.**

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Kaitlin Mitchell

Full Name

Kaitlin Mitchell

Signature

8/27/25

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Kaitlin Mitchell

Full Name

Kaitlin Mitchell

Signature

8/27/25

Date

Notary Public Affirmation and Acknowledgement

Notary Public Name

Signature

Date

Please affix Notary Public Stamp or equivalent.

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Fort Ann Rescue Squad Inc — Name of EMS Agency

5714 — NYS EMS Agency Code

Fort Ann Rescue Squad Inc — Full Name of Corporate Entity requiring F&C review as a new owner/operator

Jane Griffiths — Full Name of Individual

Secretary — Title

[redacted] — Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted] — Social Security Number (this is not releasable under the provisions of FOIL)

[redacted] — Date of Birth

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Jane Griffiths

Full Name

Signature Jane Griffiths Date 8/24/25

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Jane Griffiths

Full Name

Signature Jane Griffiths Date 8/24/25

Notary Public Affirmation and Acknowledgement

Notary Public Name

Signature Date

Please affix Notary Public Stamp or equivalent.

JG

JANE GRIFFITHS

FORT ANN RESCUE SQUAD INC
SECRETARY

SKILLS

After graduating high school, I went to work for the Glens Falls Hospital learning how to medial code and bill for patient records. After meeting my husband and moving to Fort Ann I would join the Fort Ann Rescue Squad where I would help with many fundraising events and driving and ambulance on 911 calls. In 2018 I was asked to step in as the secretary where I keep records of all corporation meetings and events. My love and drive to help the community still exist today as I continue on my path towards my life membership with the Fort Ann Rescue Squad

CURRENT & PAST EMPLOYER

CODING/MEDICAL BILLING • GLENS FALLS HOSPITAL • JAN 1984 - PRESENT
Medical billing specialist for the Glens Falls Hospital. Providing Coding and billing support for patients and the Hospital

EDUCATION

HIGH SCHOOL • GRADUATED 1980 • SOUTH GLENS FALLS HIGH SCHOOL

VOLUNTEER EXPERIENCE OR LEADERSHIP

Fort Ann rescue Squad: 2016 – Present

- EVO: 2016 – 2018
- Secretary: 2018 – Present
- By-law Committee
- Fundraising Committee

Rotary International: 2013 – Present


EMAIL


TWITTER HANDLE


TELEPHONE


LINKEDIN URL