

VILLAGE OF ALEXANDRIA BAY VOLUNTEER FIRE DEPARTMENT
APPLICATION FOR TRANSFER OF AMBULANCE SERVICE CERTIFICATE
TO

ALEXANDRIA BAY JOINT FIRE DISTRICT

Application to Transfer Operating Authority, Form DOH-3777

Application for EMS Operating Certificate, Form DOH 206

Affirmation of Compliance, Form DOH-1881

Medical Director Verification, Form DOH-4362



Exhibit A

- Statement of Purpose and Intent
- Statement Regarding Copies or Orders or Deficiency Notices
- Statement Regarding Stock/Sale Agreement
- Certification of the Secretary of the Village of Alexandria Bay Volunteer Fire Department, confirming the vote of the Village approving transfer
- Certification of the Secretary of the Alexandria Bay Joint Fire District approving acceptance of Certificate and certain assets
- Ambulance Service Certificate for Village of Alexandria Bay Volunteer Fire Department

Exhibit B

- Affirmations of Fitness & Competency

Exhibit C

- List of Commissioners of Alexandria Bay Joint Fire District
- List of Members and EMT numbers
- Maps of Areas of Service for Town and Village of Alexandria Bay

Exhibit D

- Budget for Alexandria Bay Joint Fire District

Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

- ☐ New service (Sections A,B,C,D,F)
☐ Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)
☒ Transfer of existing service operating authority (Sections A,D,E,F)

Type of Service (check one)

- ☒ Ambulance
☐ ALS First Responder

Section A Organizational Structure

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Name of Service	DOH Agency Code	Federal Employer Identification Number		
Alexandria Bay Volunteer Fire Department, Village of	2212	15-6001267		
Address	City	State	Zip	County
110 Walton Street	Alexandria Bay	NY	13607	Jefferson
Contact Person	Title			
Mike Putnam	Village Mayor			
Business Phone () -	Home Phone () -	E-mail		
Current Organizational Sponsor Type				
<input type="checkbox"/> Proprietary	<input type="checkbox"/> Hospital Based	<input type="checkbox"/> Volunteer Independent	<input type="checkbox"/> Industrial	
<input type="checkbox"/> Volunteer Fire Department	<input checked="" type="checkbox"/> Municipal/Government	<input type="checkbox"/> Other		
Type of Ownership				
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Government	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC

Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)

Village of Alexandria Bay

Section B Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable Boundaries. Attach a detailed map of the primary service area. Statements such as "surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc." are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory

Village of Alexandria Bay & Town of Alexandria

For expansion list existing primary operating territory

NA

Section C Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

Insurance Carrier

ESIP via McNeil & Co.

Agent

OVIA Insurance - Bobby Cantwell

Business Phone

Types and Limits of Coverage

☒ General Liability

☐ Other Excess Liability, Fire, Cancer, Crime, Cyber

Section D Description of Proposed Services

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)

☒ EMT☐ AEMT☐ Critical Care☐ Paramedic

Agency Medical Director

David A. Dunn

Address

City

Morristown

State

NY

Agency Providing Medical Control

Samaritan Medical Center

System Medical Director

Sarah Delaney

Address

830 Washington Street

City

Watertown

State

NY

Size of Population to be Served

3700

Days of operation

Monday-Sunday

Hours of operation

24 Hours

Projected Call Volume

Total

400

Emergency

350

Non-Emergency

50

Source of Statistics for Call volume

☐ PCR☐ Dispatch Center☒ Agency Call Record☐ Other

Total no. of ambulances

2

Total no. of emergency ambulance service vehicles (EASV'S)

0

Total no. of ALS First Response vehicles

0

Section E Proposed Organizational Structure

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service

Alexandria Bay Joint Fire District

Federal Employer Identification Number

33-1406302

Address

110 Walton Street

City

Alexandria Bay

State

NY

Zip

13607

County

Jefferson

Contact Person

Cheryl VanBroeklin

Title

EMS Chief

Home Phone

() -

Proposed Organizational Sponsor Type

☐ Proprietary☐ Hospital Based☐ Volunteer Independent☐ Industrial☐ Volunteer Fire Department☒ Municipal/Government☐ Other

Proposed Type of Ownership

☐ Individual☐ Partnership☒ Government☐ Corporation☐ LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)

Section F Certification of Accuracy and Ownership Competency

As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 800. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

Attachments Required

- Detailed narrative to support need or statement of purpose and intent for transfer
- Affirmation of Fitness and Competence (DOH-3778)
- DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
- Financial information including funding budget and insurance
- Primary operating territory map

Name of Owner or CEO

Mike Putnam

Title

Village Mayor

Signature

Date

3/31/25

Notary Public affirmation and acknowledgement

Genny Kirschner

Notary Public, State of New York
Reg. 01KE5078970, Jefferson County
My commission expires June 22, 7

FOR REGIONAL EMS COUNCIL USE ONLY

Date Application Received

Date of Council Decision

☐ Approved ☐ Denied ☐ Rejected – Incomplete

Council Chair Signature

Application for EMS Operating Certificate

Current Expiration Date ____ / ____ / ____ ☒ Ambulance Service ☐ ALS First Response Service (non-transporting)

Name of Service Alexandria Bay Joint Fire District **Federal Employer ID No.** 33-1406302 **NYS EMS Agency Code**

Physical Address of Principal Business Location Street and Number
110 Walton Street

City, Town, Village Alexandria Bay **State** NY **Zip Code** 13607 **County** Jefferson

Mailing Address (PO Box)

Business Phone Number (315) 482-2121 **Fax Number** () - **911 Center 10 Digit Phone Number** (315) 786-2601

Agency E-mail Address alexbayvfd@gmail.com **Agency Website**

Organizational Structure (check only one)

☐ Commercial ☐ Hospital Based ☐ Independent ☐ Industrial
☐ Fire Department ☒ Municipal/Government ☐ College (State or Private Campus/University)

Type of Ownership

☐ Individual ☐ Corporation (☐ for profit ☐ not for profit) ☒ Municipal Fire ☐ Ambulance District
☐ Partnership ☐ Municipal (☐ village ☐ town ☐ city ☐ county) ☐ Government (☐ State ☐ Federal)

Name of Individual Owner, Partners or Government/Municipal entity

Alexandria Bay Joint Fire District

If a corporation, give official corporate name. Also indicate all DBAs on file with NYS Department of State. Attach separate list if more than one DBA on file. (initial applications must provide certified copies of all DOS filings both corporation and DBA)

Corporation Name

DBA/Assumed Name

For Profit and Not for Profit Corporations must provide names/addresses of current corporation officers

Name	Home Address	Home Phone
President		() -
Vice President		() -
Secretary		() -
Treasurer		() -

Chief Operating Officer (Captain, Operations Manager)

Name Cheryl VanBrocklin **Title** EMS Chief **Day Phone** () - **Night Phone**

Tax District

Is this organization funded by a tax district? ☒ Yes ☐ No **Name of District** Alexandria Bay Joint Fire District

Name of Operator (if different from owner) **Business Phone** () -

Address **City** **State** **Zip**

Highest Level of Care Currently Authorized by REMAC (check only one) ☒ EMT ☐ AEMT ☐ Critical Care ☐ Paramedic

Agency Participates in CME Program ☒ Yes ☐ No

Billing for Service ☒ Yes ☐ No

If yes, Name of Service Bureau ProClaim EMS **Service Bureau Number (if not agency)** **Medicaid Number**

Service Physician Medical Director (please list all others on separate sheet)

Dr. David A. Dunn

Address

Phone

NYS Physician License Number

List the address of each location where any certified EMS response vehicle is garaged if not the same as your principal location.
Provide list if more than 3

Location 1

Number of vehicles assigned

Location 2

Number of vehicles assigned

Location 3

Number of vehicles assigned

Total Number of Vehicles operated by certificate holder

Ambulances 2 EASV's (ambulance service only) 0 First Response (ALSFR) 0

Description of operating territory boundaries etc.:

Village of Alexandria Bay & Town of Alexandria

Total Employees/Members: 45 Number Volunteer 45 Number Paid (on payroll) 0

Provide number of individuals currently certified at each level

CFR 0 EMT 9 AEMT 0 Critical Care 0 Paramedic 0

Communications/Dispatch Information

Principal Dispatch Method: ☐ Two-way ☐ Cellular Phone ☒ Pager ☐ Other

Frequency on which you are dispatched 46-180 MHz

Agency that dispatches your service Jefferson County Fire Control ☒ Local 911/PSAP ☐ Self

Identify radio systems for hospital calling/medical direction ☐ VHF ☒ UHF ☐ Cellular ☐ Other

UHF MED 1-8 capacity ☐ Yes ☒ No Do your vehicles have Cellular Phones ☐ Yes ☒ No

155.340 capability ☒ Yes ☐ No Call sign if service has FCC License

Attachments Required

- Affirmation of Compliance (DOH-1881, Affirmation Side 1 MUST BE NOTARIZED)
- List of all vehicle operated by the service (DOH-1881 Affirmation side 2)
- List of all agency personnel –Use DOH-2828
- List of all owners with 10% of more share of ownership
- Map of current operating territory

Agency Certification

I have received and read and understand the contents of the following documents and will comply with all requirements:

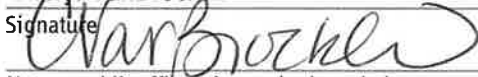
- Article 30/30A, NYS Public Health Law
- Part 800, 10NYCRR, State EMS Code
- Applicable DOH EMS Policy Statements and SEMAC Advisories

In addition, I certify that all the information contained in this application is true and correct, and that neither the corporation nor any of the owners, principals, or stockholders have been convicted of Medicaid or Medicare fraud, and I understand that under Section 3012(a) or PHL Article 30 that the ambulance service or ALSFR service certificate for this agency may be revoked, suspended, limited or annulled if this application includes willful misrepresentation.

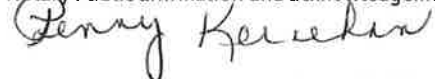
Name of Owner, CEO or COO

Cheryl VanBroeklin

Signature



Notary Public affirmation and acknowledgement



Title

EMS Chief

Date

3/31/25

For DOH Use Only

Date Application Received

New Expiration Date

BEMS review and approval

Date

Affirmation of Compliance for Agency Recertification

If you are **adding new vehicle(s) to your fleet or removing vehicles**, please use:
DOH-1881 Affirmation of Compliance Submission Portal | Survey Builder (ny.gov)

Check one ☒ Ambulance Service ☐ ALS First Response Service

Current Operating Certificate Expiration Date

/ /

Name of Service

Alexandria Bay Joint Fire District

NYS EMS Agency Code

Address

110 Walton Street

City

Alexandria Bay

State

NY

ZIP

13607

Contact Person

Cheryl VanBrocklin

Email

alexbayvfd@gmail.com

Work Phone Number

315 482-2121

Additional Phone Number

By completing and signing this affirmation, I certify that the vehicles listed are compliant with all requirements of the State EMS Code, Part 800. Title: CERTIFIED AMBULANCE SERVICES | New York Codes, Rules and Regulations (ny.gov)

The records and documentation of the agency have also been reviewed for compliance with all applicable requirements.

The ambulance vehicles listed are registered with the NYS Department of Motor Vehicles (DMV) and the appropriate DMV inspection has been conducted. Those vehicles which are not ambulances have appropriate DMV registration, DMV inspection, and/or any safety inspection as required by the NYS Department of Transportation, The United States Coast Guard, or the Federal Aviation Administration.

I understand that under the authority of the Public Health Law, any deficiencies that result in violations being issued, are subject to the penalties of the Public Health Law, including fines, suspension, revocation or annulment of the operating certificate. I attest that I am an authorized officer of this NYS Certified EMS agency with authority to sign.

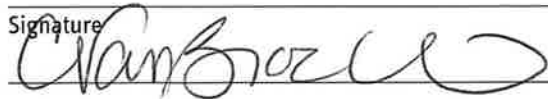
Name

Cheryl VanBrocklin

Title

EMS Chief

Signature



Date

3 / 31 / 2025

FOR OFFICE USE ONLY

_____ # of stickers

Sent to _____

Date

/ /

Rep _____

Please indicate if you need new certification logos for the sides and rear of any vehicle(s).

	Yes, # of stickers	No	Page	of
	<input type="text"/>	<input type="text"/>		

Please indicate if you need new certification logos for the sides and rear of any vehicle(s).

	Yes, # of stickers	No	Page	of
	<input type="text"/>	<input type="text"/>		

Provide the following information for all EMS vehicles to be certified by this affirmation. A computer listing containing the required information is acceptable.

[illegible]

****Such as: AMBULANCES – Type I, Type II, Type III, Helicopter, Boat, Fixed Wing Aircraft
EMERGENCY AMBULANCE SERVICE VEHICLE (EASV) – Agency Fire Car, Van, Truck; or Personal Car, Van, Truck
ALS FIRST RESPONSE VEHICLE (ALSFR) – Agency Fire Apparatus, Car, Van, Truck; or Personal Car, Van, Truck**

Medical Director Verification

Please identify the physician providing Quality Assurance oversight to your individual agency. If your agency provides Defibrillation, Epi-Pen, Blood Glucometry, Albuterol or Advance Life Support (ALS), you must have specific approval from your Regional EMS Council's Medical Advisory Committee (REMAC) and oversight by a NY state licensed physician. If you change your level of care to a higher ALS level, you must provide the NYS DOH Bureau of EMS a copy of your REMAC's written approval notice.

If your service wishes to change to a lower level of care, provide written notice of the change and the level of care to be provided, and the effective date of implementation, to your REMAC with a copy to the NYS DOH Bureau of EMS.

If your agency has more than one Medical Director, please use copies of this verification and indicate which of your operations or REMAC approvals apply to the oversight provided by each physician. Please send this form to your DOH EMS Central Office for filing with your service records.

<input checked="" type="checkbox"/> Defibrillation / PAD	<input type="checkbox"/> Epi Autoinject	<input checked="" type="checkbox"/> Albuterol	<input checked="" type="checkbox"/> Blood Glucometry	<input checked="" type="checkbox"/> Naloxone
<input type="checkbox"/> CPAP	<input checked="" type="checkbox"/> Check and Inject	<input type="checkbox"/> 12 Lead	<input type="checkbox"/> Ambulance Transfusion Service (ATS)	
<input checked="" type="checkbox"/> EMT Level of Care	<input type="checkbox"/> AEMT Level of Care	<input type="checkbox"/> Critical Care Level of Care	<input type="checkbox"/> Paramedic Level of Care	<input type="checkbox"/> Controlled Substances (BNE License on File)

Agency Name Alexandria Bay Joint Fire District

Agency Code Number 2212 Agency Type: ☒ Ambulance ☐ ALSFR ☐ BLSFR

Agency CEO David VanBrocklin
Name

Medical Director David A. Dunn
Name
[REDACTED]
NYS Physician's License Number

Ambulance/ALSFR Agency Controlled Substance License # if Applicable: 03C – _____

Ambulance/ALSFR Agency Controlled Substance License Expiration Date: _____

I affirm that I am the Physician Medical Director for the above listed EMS Agency. I am responsible for oversight of the pre-hospital Quality Assurance/Quality Improvement program for this agency. This includes medical oversight on a regular and on-going basis, in-service training and review of Agency policies that are directly related to medical care.

I am familiar with applicable State and Regional Emergency Medical Advisory Committee treatment protocols, policies and applicable state regulations concerning the level of care provided by this Agency.

If the service I provide oversight to is not certified EMS agency and provides AED level care, the service has filed a Notice of Intent to Provide Public Access Defibrillation (DOH-4135) and a completed Collaborative Agreement with its Regional EMS Council.

Medical Director _____
Signature

03-31-2025
Date of Signature

STATEMENT OF PURPOSE AND INTENT

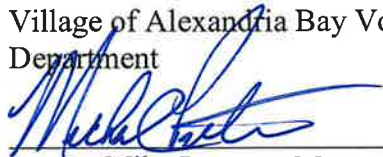
The purpose of this application is to transfer primary operating authority and the ambulance service certificate from the Village of Alexandria Bay Volunteer Fire Department to the Alexandria Bay Joint Fire District. The Village of Alexandria Bay Volunteer Fire Department will no longer provide ambulance service and the Alexandria Bay Joint Fire District will provide the ambulance services.

The intent is to permit the Alexandria Bay Joint Fire District to operate an ambulance(s) in the Town of Alexandria and Village of Alexandria Bay, Jefferson County, New York.

The end effect on both individuals will be as follows:

- (1) The Village of Alexandria Bay Volunteer Fire Department will no longer provide ambulance services in the Alexandria Bay Joint Fire District;
- (2) Alexandria Bay Joint Fire District will provide ambulance services in Alexandria. There will be no impact on existing services.
- (3) Jefferson County Fire Control will be the dispatch entity.

Village of Alexandria Bay Volunteer Fire
Department


Mike Putnam, Mayor

Alexandria Bay Joint Fire District


Courtney Rutherford, Commissioner

Sworn to before me this 11TH
day of March, 2025.


Notary Public



List of copies or orders or deficiency notices issued within past 10 years

None of the officers or directors have had orders of deficiency notices issued within the past 10 years from the health department or any other government agency. There have been no malpractice actions in the past 10 years that relate to patient care or at all.

Neither the Village of Alexandria Bay Volunteer Fire Department nor Alexandria Bay Joint Fire District have any pending criminal or civil charges against them and have not been convicted of or plead guilty to any crime or civil offense before any state or federal agency. There are no pending civil judgments or liens against the receiving or transferring entity. The Village of Alexandria Bay Volunteer Fire Department is eligible for participation in the Medicaid and Medicare programs and other federal and state health care programs and that there are no pending civil or criminal charges against the Service before any governmental insurance program.

There are no revocation or suspension proceedings against either entity before the Department of Health, Bureau of EMS.

The Village of Alexandria Bay Volunteer Fire Department maintains a current a principal location of the business within this state. The Mayor of the Village is entitled to conduct this business on behalf of the Village. The Village will implement N.Y.S. D.O.H. statutes, rules & regulations and policies relating to the conduct of its EMS business in the state.

Signed under penalty of perjury.

Village of Alexandria Bay Volunteer Fire Department

By:



Mike Putnam, Mayor

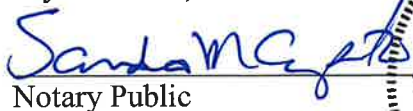
Alexandria Bay Joint Fire District

By:



Courtney Rutherford, Commissioner

Sworn to before me this 11
day of March, 2025.

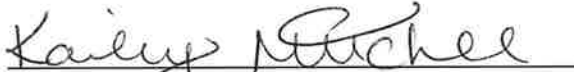


Notary Public



**VILLAGE OF ALEXANDRIA BAY VOLUNTEER FIRE DEPARTMENT
SECRETARY CERTIFICATION**

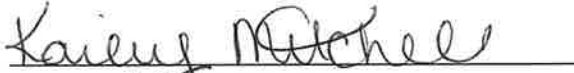
I, Kailey Mitchell, Secretary of the Village of Alexandria Bay Volunteer Fire Department, hereby certify that the Village has by resolution and approval of the Village Board, at a duly called meeting with a quorum present, approved the transfer of operating authority, and the lease of ambulances, medical equipment and medical supplies.



Kailey Mitchell, Secretary

**ALEXANDRIA BAY JOINT FIRE DISTRICT
SECRETARY CERTIFICATION**

I, Kailey Mitchell, Secretary of Alexandria Bay Joint Fire District hereby certify that the Municipal Corporation has by resolution, at a duly called meeting with a quorum present, approved the above transfer of operating to the District and has approved receiving by contract, the ambulance, facility, certain medical equipment and medical supplies from the Village of Alexandria Bay



Kailey Mitchell, Secretary

Agency Code Number: 2212

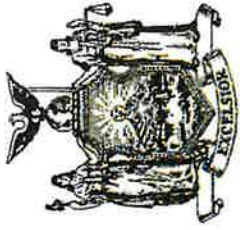
Issued: 4/9/2024

Expires: 5/31/2026

NEW YORK STATE DEPARTMENT OF HEALTH

Ambulance Service Certificate

Alexandria Bay Volunteer Fire Department, Village of



*is hereby certified as a New York State ambulance service in
accordance with the provisions of Article 30 of the
Public Health Law*

PRIMARY TERRITORY:

Village of Alexandria Bay & Town of Alexandria

Handwritten signature of Lynn Greenbaum in blue ink.

Emergency Medical Services Program

Handwritten signature of the Commissioner of Health in blue ink.

Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law

THIS CERTIFICATE IS NOT TRANSFERABLE**Keep conspicuously posted**

DOH-3414 (8/91)

No. 38458

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.

Alexandria Bay Joint Fire District

Name of EMS Agency

NYS EMS Agency Code

Alexandria Bay Joint Fire District

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Cheryl L. VanBrocklin

EMS Chief

Full Name of Individual

Title

110 Walton Street, Alexandria Bay, NY 13607

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

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.

Cheryl L. VanBrocklin

Full Name

Cheryl L. VanBrocklin

Signature

3/31/25
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.

Cheryl L. VanBrocklin

Full Name

Cheryl L. VanBrocklin

Signature

3/31/25
Date

Notary Public Affirmation and Acknowledgement

Penny Kernehan
Notary Public Name

Penny Kernehan
Signature

3/31/25
Date

Notary Public, State of New York
Reg. 01KE5078970, Jefferson County
My commission expires June 2, 27

Please affix Notary Public Stamp or equivalent.

Cheryl VanBrocklin

Experience

1998 – Current

Special Education Teacher *Alexandria Central School*

Providing special education services to 11th and 12th grade students, advocating for student needs as they navigate the NYS Regents curriculum, while support their needs in transitioning to the post-secondary setting.

2001 – Present

NYS EMT-B *Alexandria Bay Volunteer Fire Department*

Served as a volunteer EMT, EMS Captain, Fire Chief, and EMS Chief; Have participated in advisory boards under the umbrella of the FDRHPO

2012 – Present

CPR/First Aid Instructor *American Heart Association*

Provided a high school elective at Alexandria Central School, instructed high school coaches at Alexandria Central School, as well as not for profit community organizations and community businesses.

References

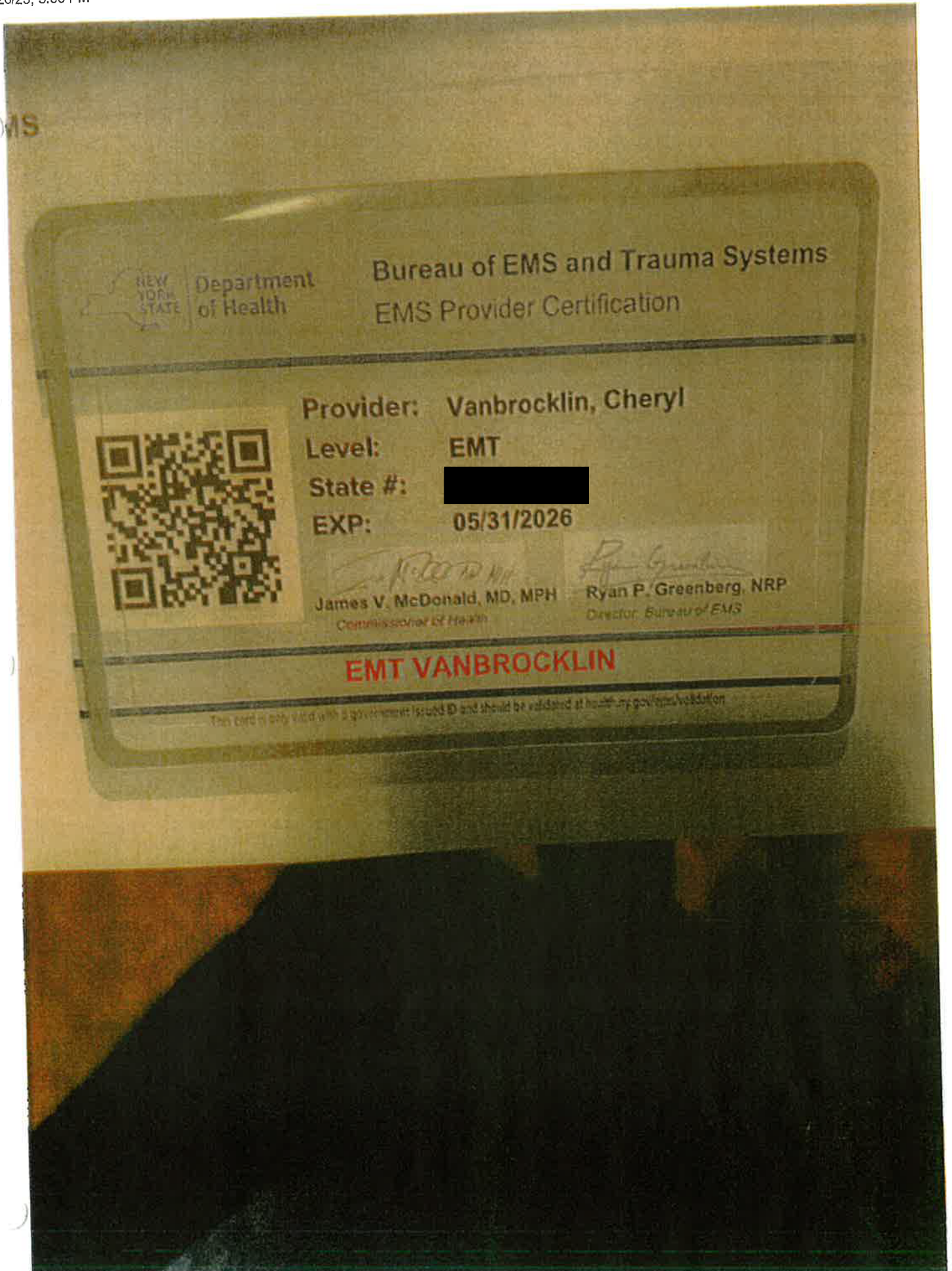
Walter Dingman

Jeff Lieberman

Skills

- Creativity
- Leadership
- Organization
- Problem solving
- Teamwork

Contact



Department of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Vanbrocklin, Cheryl
Level: EMT
State #: [REDACTED]
EXP: 05/31/2026

James V. McDonald
James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg
Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT VANBROCKLIN

This card is only valid with a government issued ID and should be validated at health.gov/ems/validation

BASIC LIFE SUPPORT

**BLS
Instructor**



American
Heart
Association.

Cheryl VanBrocklin

**has successfully completed the cognitive and
skills evaluations in accordance with the curriculum
of the American Heart Association
Basic Life Support (BLS) Instructor Program.**

Issue Date

3/16/2023

Training Center Alignment

Jefferson County Home Health Nursing

Training Center ID

NY04656

Training Center City, State

Watertown, NY

Training Center Phone Number

(315) 786-3760

Renew By

03/2025

Instructor ID

03170548915

eCard Code

238934457540

To view or verify authenticity, instructors and employers should go to www.heart.org/cpr/mycards.

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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.

Alexandria Bay Joint Fire District

Name of EMS Agency

NYS EMS Agency Code

Alexandria Bay Joint Fire District

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Kailey L. Mitchell

Secretary

Full Name of Individual

Title

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

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.

Kailey Mitchell

Full Name

Kailey Mitchell

Signature

3/31/2025

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.

Kailey Mitchell

Full Name

Kailey Mitchell

Signature

3/31/2025

Date

Notary Public Affirmation and Acknowledgement

Cynthia A. Nelson

Notary Public Name

Cynthia A. Nelson

Signature

3/31/2025

Date

CYNTHIA A. NELSON

Notary Public - State of New York

No. 01NE6205330

Qualified in Jefferson County

My Commission Expires May 11, 2025

Please affix Notary Public Stamp or equivalent.

Kailey Mitchell



Summary

Highly motivated and organized professional with experience in health care, education, and customer service. With strong communication and organizational skills. Demonstrated ability to prioritize and meet deadlines in a fast-paced environment. Adept at problem-solving and working collaboratively with team members.

Work Experience

Administrative Coordinator March 2019 - Present

River Hospital, Alexandria Bay, NY

- Maintains Administration files and updates records
- Work with Hospital leadership and legal counsel to ensure Hospital contracts are current and maintained in accordance with policy.
- HealthStream software management. Publishes, assigned and tracks courses for Policy and Procedures. Reports any deficiencies to Director of Quality.
- Planning, organizing, and problem-solving to complete multiple deadline-driven projects efficiently and on time.
- Manage schedules and itineraries for C-Suite staff members.
- Collaborate with various committees, board members and hospital leadership to plan meetings, reserves room or event locations, and draw up meeting minutes.
- Ensures information, policies, forms, and events on internal intranet are current for staff.
- Works with Director of Marketing & Community Relations to gather current marketing and event items and Director of Human Resources for current employment opportunities to ensure information to the community is up to date.
- Instrumental in transitioning hospital staff to Microsoft Teams. Trained directors, board members, and managers on all aspects of using Teams to its fullest potential.
- Maintains the facilities Website and internal Intranet to ensure it's current.

Customer Service Representative September 2018- March 2019

ProAct Pharmacy Services, Gouverneur, NY

- Managed over 50 outbound and inbound calls daily in a timely manner.
- Identified customers' needs, clarified medication information, and resolved prescription issues.
- Worked with doctors, insurances companies, and pharmacies to gather information to ensure patient safety and satisfaction.
- Trained new employees on policies and procedures of company. Precepted employees until they were proficient to work independently.

1:1 Aide January 2018 - June 2018

BOCES- Indian River Intermediate School, Philadelphia, New York

- Taught general studies and daily living tasks to students with developmental disabilities.
- Designed multisensory lessons with nonverbal students.
- Trained in Nonviolent Crisis Intervention (NCI)
- Communicated with parents regarding students' success and any concerns.
- Worked directly with Speech Therapists, Occupational Therapists, and Physical Therapists to ensure the students received the best education and treatment plans possible.

Deck Hand/Tour Guide May 2016 – November 2017

Uncle Sam Boat Tours, Alexandria Bay, New York

- Regularly gave one-hour tours to over 200 passengers several times a day. Engaged passengers questions and concerns professionally.
- Served and restocked food and beverages for passengers for regular tours and special events.
- Ensured all financial transactions were completely properly and all money accounted for at the end of shifts.

Community Relations

Secretary/Treasurer April 2023 - Present

Alexandria Bay Fire Department

- Provides clerical support to the fire chief, assistant chiefs, president, and firefighters
- Assists with the administration of fire department policies and procedures
- Ensure all expenses are properly accounted for and inline with set financial goals
- Bookkeeping
- Organizing and tracking profit and loss for not-for-profit events
- Take adequate meeting minutes for monthly meetings

Volunteer Firefighter August 2017 -Present

Alexandria Bay Fire Department

- Respond to Fire and Medical Emergencies
- Assists EMT's with emergency care for patients by taking vital signs, triage, monitoring and transport.
- Maintains Basic Life Support certification
- Lead Trainer for the Junior Firefighter program. Coordinates with station firefighters to train future firefighters.
- Recruitment Coordinator for Alexandria Bay Fire Department. Schedule and attend recruiting events at local schools and the fire station.
- Presented "Fire Safety" to school age students

Skills and Strengths

- Proficient in all Microsoft Office products
- Adobe InDesign, Foxit, PDF
- Proficient with HealthStream Learning Management System
- Excels in stressful environments
- Outstanding ability to multitask
- Highly organized and professional
- Strong communication skills.

Education

Indian River High School

Philadelphia, New York
Graduated June 2013

SUNY Canton

Associates in Business Administration
Graduated May 2016

Alexandria Bay Joint Fire District

Commissioners

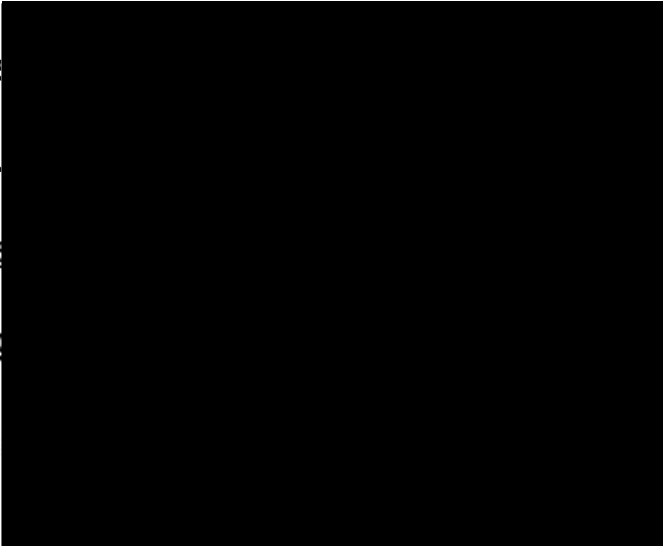
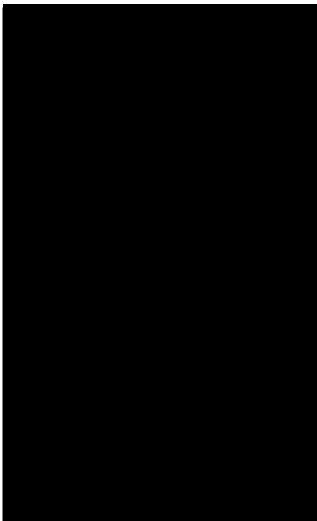
Brad Millett

Jamison Wills

David Johnson

George Dobbins

Courtney W. Rutherford
*Chairmen



EMS Agency Personnel Roster

Agency Name: ALEXANDRIA BAY JOINT FIRE DISTRICT Agency Code: Date Submitted: Page 1 of 3

List All Personnel Alphabetically		DOH-Certified Personnel		Level of Certification (Check One)					Check Other Levels	
Last Name	First Name	DOH-Issued ID Number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
AIKINS	JADON		09 / 30 / 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BELGARDE	TAMMY		08 / 31 / 25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BESSETTE	TAILOUR		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BROWN	AIDAN		01 / 28 / 25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BURNETT	KEN		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CAMPANY	RICHARD		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATLIN	SEAN		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DERRIGO	MARIE		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DERRIGO	STEPHEN		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DINGMAN	WALTER		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOWNNEY	JOHN		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUCLON	TRACEY		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ESCUDERO	CODY		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ESCUDERO	DYLAN		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ESCUDERO	LANCE		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FARRELL	BRIAN		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FROST	BRODY		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEATH	TAITT		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HENNING	MICHAEL		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMS Agency Personnel Roster

Agency Name: ALEXANDRIA BAY JOINT FIRE DISTRICT Agency Code: Date Submitted: Page 2 of 3

List All Personnel Alphabetically		DOH-Certified Personnel		Level of Certification (Check One)				Check Other Levels		
Last Name	First Name	DOH-Issued ID Number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
HENNING	TERESA		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HESCHKE	ZACHARY		06 / 30 / 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HONEYWELL	MAKENNA		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HOUGH	MATTILYNNE		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HYNES	COLIN		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
KERNEHAN	LESLIE		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
KERNEHAN	PENNY		06 / 30 / 27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
KERNEHAN	ROBERT		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MARTIN	BUTCH		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MASON	SHAWN		07 / 31 / 27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MITCHELL	KAILEY		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PERRY	SCOTT	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PERRY	TRENTON	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PETRIE	TOM	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RIDLEY	PAYTON	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
SHERWOOD	BOB	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ST. PIERRE	MAGGIE	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
STROUGH	CHRISTOPHER	02 / 28 / 27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
TRICKEY	BRIAN	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Alexandria Bay Ambulance Coverage Area



Alexandria Bay Joint Fire District		
2025 adopted Budget	2025 Budgeted	
S.S.L. Exempt	Funds Approved	
VFBL	\$ -	
Liability & Equipment Insurance	\$ 28,000.00	✓
/Gas/diesel fuel/	\$ 5,202.00	✓
Heating fuel oil, LPG	\$ 4,975.00	
External Audit Fees	\$ 6,000.00	✓
LOSAP Service awards	\$ -	
Protection contract Orleans District	\$ 42,000.00	
Capital Reserve Fund(s)	\$ 25,000.00	
Firefighter Cancer insurance	\$ 3,500.00	
Firefighter Accident Insurance 50k	\$ 2,500.00	✓
Compensation paid staff	\$ 77,000.00	✓
Social Security	\$ 1,075.00	
Treasurer's bond	\$ 275.00	
Fire truck acquisition 2018' BOND	\$ 50,000.00	
S.S.L. Non Exempt Below		
Office Expenses	\$5200.00	✓
Postage	\$450.00	
Station, Housekeeping & Supplies	\$ 4,200.00	✓
Firefighter Training	\$ 1,800.00	
Rescue tool balance lease	\$4597.71	
Rescue truck purchase 2015' lease	\$15,510.08	
Building renovation 1997' NYS payment	\$8289.09	
Emergency Medical Technician training	\$ 3,200.00	✓
Grant Fees / Match / Application	\$ 2,500.00	
Commissioner Training	\$ 2,800.00	
Assn. Dues	\$ 500.00	
Publication of legal notices	\$ 800.00	
OSHA bailout bags	\$ 7,522.00	
Air Pack Mask, MSA PESH mandate	\$ 7,100.00	
PPE replacement, repair, cleaning	\$ 20,843.00	
Cascade, Maintenance	\$ 2,437.00	
OSHA Firefighter Physicals, fit test	\$ 3,700.00	
Fire Station lease	\$ 18,000.00	✓
Purchase portable Equipment	\$ 11,093.00	
Attorney fees	\$ 15,000.00	✓
Vector software, blue Devil, M/S Office	\$ 10,500.00	✓
Equipment Repairs / Maintenance	\$ 14,700.00	✓
Telephone/internet	\$ 912.00	✓
Radios, Pagers, I'm Responding,	\$ 7,200.00	✓
Apparatus Equipment P,R,R& T	\$ 43,265.00	
Election Expense Inspector	\$ 250.00	
Annual hose testing and replacement	\$ 4,100.00	
Station equipment	\$ 2,437.00	
Work uniforms	\$ 900.00	✓
Survey, closing cost, land acquisition	\$ 3,300.00	
Inspection Dinner	\$ 3,636.00	
Fire Prevention & Education School	\$ 950.00	
Recruitment & Retention	\$ 1,850.00	
EMS Charts	\$ 650.00	✓
EMS Supplies	\$ 20,600.00	✓
FF Wellness Program	\$ 1,400.00	
Bank Fees, Checks	\$ -	
TOTAL	\$ 497,718.88	
2025 Tax Rate 0.99 cents		
2025 Taxable Fire District Assessment \$498,989,759.00		

ALEXANDRIA BAY JOINT FIRE DISTRICT

110 WALTON ST
ALEXANDRIA BAY, NY 13607



1059

PAY
TO THE
ORDER OF

DATE

4/2/25

50-928/213

North Country Regional EMS Council

\$1,000.00

one thousand

DOLLARS



Municipal Bank

FOR C.O.N. App.

Security Features
Embossed
Genuine Ink

MP

Anthony R. Bell
Scott M. Bell