



FORT ANN RESCUE SQUAD INC.

Serving Since 1961

Fortannrescue.org

FORT ANN RESCUE SQUAD INC APPLICATION FOR EXPANSION OF PRIMARY OPERATING TERRITORY

ENCLOSURES

- **Application for EMS Operating Certificate, Form DOH-206**
- **Application for Expansion of Primary Territory, Form DOH-3777**
 - Certificate of Liability Insurance-USI
- **Affirmation of Compliance, Form DOH-1881**
- **Affirmation of Fitness & Competency, Form DOH-3778**
- **Medical Director Verification Form, Form DOH-4362**
- **EMS Agency Personnel Roster, Form DOH-2828**
 - Licenses & EMT Certifications
 - Detailed Narrative
 - Map of Proposed Expanded Territory
- **Additional Materials**
 - Budget
 - Certificate of Incorporation
 - By-Laws
- **Public Notice**
 - Letters to Public
 - Certificates of Mailing/Returned Responses
 - Letters in Support / Opposition
- **Supporting Documentation**
 - DOH Email
 - CMS Policy
 - NYS DOH Article 30 (Section 3010)
 - Email to Agencies conducting Inter-Facilities

11287 State Route 149
Fort Ann, NY 12827
PO Box 237

Application for EMS Operating Certificate

Current Expiration Date 3 / 31 / 2027

☒ Ambulance Service

☐ ALS First Response Service (non-transporting)

Name of Service

FORT ANN RESCUE SQUAD INC

Federal Employer ID No.

[REDACTED]

NYS EMS Agency Code

5714

Physical Address of Principal Business Location Street and Number

11287 STATE ROUTE 149

City, Town, Village

FORT ANN

State

NY

Zip Code

12827

County

WASHINGTON

Mailing Address (PO Box)

PO BOX 37

Business Phone Number

[REDACTED]

Fax Number

() -

911 Center 10 Digit Phone Number

[REDACTED]

Agency E-mail Address

CHIEF@FORTANNRESCUE.ORG

Agency Website

FORTANNRESCUE.ORG

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

FORT ANN RESCUE SQUAD INC

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

FORT ANN RESCUE SQUAD INC

DBA/Assumed Name

FORT ANN EMS

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

	Name	Home Address	Home Phone
President	REGINA LADD	[REDACTED]	[REDACTED]
Vice President	MACKENZIE MEHNERT	[REDACTED]	[REDACTED]
Secretary	SEAN SIMMONS	[REDACTED]	[REDACTED]
Treasurer	KELSEY REPPERT	[REDACTED]	[REDACTED]

Chief Operating Officer (Captain, Operations Manager)

Name	Title	Day Phone	Night Phone
THOMAS NOBLE	CHIEF	() -	[REDACTED]

Tax District

Is this organization funded by a tax district?

☐ Yes

☒ No

Name of 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

PROFFESIONAL AMBULANCE BILLING

Service Bureau Number (if not agency)

[REDACTED]

Medicaid Number

[REDACTED]

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

THOMAS WILLIAMS

Address

Phone

NYS Physician License Number

100 PARK ST, GLENS FALLS NY 12801

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 5 EASV's (ambulance service only) 3 First Response (ALSFR) 0

Description of operating territory boundaries etc.:

The Town and Village of Fort Ann to include State Route 4 South to 4294 State Route 4 Kingsbury, The Hamlet of Pilot Knob, a Portion of County Route 17 in the Town of Hartford, State Route 22 East from State Route 4 to the Fort Ann Granville Town Line.

Total Employees/Members: 47 Number Volunteer 26 Number Paid (on payroll) 35

Provide number of individuals currently certified at each level

CFR 0 EMT 28 AEMT 3 Critical Care 3 Paramedic 6

Communications/Dispatch Information

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

Frequency on which you are dispatched 154.1600 MHz

Agency that dispatches your service WASHINGTON COUNTY DPS ☒ 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% or 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

THOMAS NOBLE

Title

CHIEF

Signature

BRUCE K MASON

Date

11/30/25

Notary Public affirmation and acknowledgment from NEW YORK

Registration No. 01MA4630132

Qualified in Washington County

My Commission Expires: 11/30/26

DOH-206 (4/14/12) p.2 of 2

For DOH Use Only

Date Application Received

New Expiration Date

BEMS review and approval

Date

ADDENDUM TO DOH-206 FORM

Please use this form to list additional Corporate Officers not listed on DOH-206 Form.
See General Instructions for Renewal Form Completion.

[illegible]

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		
Fort Ann Rescue Squad Inc	5714	43-1757115		
Address	City	State	Zip	County
11287 State Route 149	Fort Ann	NY	12827	Washington
Contact Person	Title			
Thomas Noble	Chief			
Business Phone	Home Phone	Cell Phone	E-mail	
[REDACTED]	() -	[REDACTED]	Chief@fortannrescue.org	
Current Organizational Sponsor Type				
<input type="checkbox"/> Proprietary	<input type="checkbox"/> Hospital Based	<input checked="" type="checkbox"/> Volunteer Independent	<input type="checkbox"/> Industrial	
<input type="checkbox"/> Volunteer Fire Department	<input type="checkbox"/> Municipal/Government	<input type="checkbox"/> Other		
Type of Ownership				
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Government	<input checked="" 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)				

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
100 Park St, Glens Falls NY 12801. (Glens Falls Hospital)

For expansion list existing primary operating territory
Town and Village of Fort Ann

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			
VSI Insurance LLC			
Agent	Business Phone		
Steve Sawm	[REDACTED]		
Types and Limits of Coverage	<input checked="" type="checkbox"/> General Liability	<input type="checkbox"/> Other	

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
Thomas Williams

Address
100 Park St

City
Glens Falls

State
NY

Phone Number

Agency Providing Medical Control

Glens Falls Hospital

100 Park St

Glens Falls

NY

Phone Number

(518) 926 - 1000

System Medical Director

Address

City

State

Phone Number

() -

Size of Population to be Served

Days of operation

Hours of operation

365

24

Projected Call Volume

Total 2700

Emergency 1000

Non-Emergency 1700

Source of Statistics for Call volume

☐ PCR

☐ Dispatch Center

☒ Agency Call Record

☐ Other

Total no. of ambulances

5

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

3

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

Fort Ann Rescue Squad Inc

Federal Employer Identification Number

43-1757115

Address

11287 State Route 149

City

Fort Ann

State

NY

Zip

1282

County

Washington

Contact Person

Thomas Noble

Title

Chief

Chief@Fortannrescue.org

Business Phone

Home Phone

Cell Phone

E-mail

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

Regina Ladd

Title

President

Signature

Date

Notary Public affirmation and acknowledgement

BRUCE K. MASON
NOTARY PUBLIC, STATE OF NEW YORK

Registration No. 01MA4630132

Qualified in Washington County

DOH-3777 (12/16) 12 of 2
My Commission Expires: 11/30/26

FOR REGIONAL EMS COUNCIL USE ONLY

Date Application Received

Date of Council Decision

☐ Approved

☐ Denied

☐ Rejected – Incomplete

Council Chair Signature

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

03 / 31 / 2027

Name of Service

FORT ANN RESCUE SQUAD INC

NYS EMS Agency Code

5714

Address

11287 STATE ROUTE 149

City

FORT ANN

State

NEW YORK

ZIP

12827

Contact Person

THOMAS NOBLE

Email

CHIEF@FORTANNRESCUE.ORG

Work Phone Number

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.

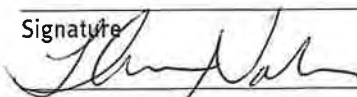
Name

THOMAS NOBLE

Title

CHIEF

Signature



Date

11 / 30 / 25

Bruce K. Mason - 11/30/25

FOR OFFICE USE ONLY

_____ # of stickers

Sent to _____

Date _____ / _____ / _____

Rep _____

BRUCE K MASON
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01MA4630132
Qualified in Washington County
My Commission Expires: 11/30/26

Please indicate if you need new certification logos for the sides and rear of any vehicle(s). ☐ Yes, # of stickers _____ ☐ No _____ Page _____ of _____

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

***All ambulance vehicles are required by New York State Motor Vehicle and Traffic Law to possess a valid motor vehicle registration. If the vehicle(s) listed are not registered with NYS DMV, you must provide the statutory exemption.**

Add More Pages

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	
Thomas Noble	Chief
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

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Home or residence licensed by NYS or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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.

Thomas Noble

Full Name


Signature

11/30/25
Date

Certification of Fitness

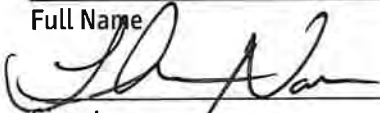
By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

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.

Thomas Noble

Full Name


Signature

11/30/25
Date

Notary Public Affirmation and Acknowledgement

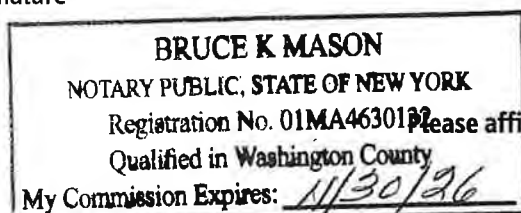
BRUCE K. MASON

Notary Public Name

Bruce K. Mason

Signature

11/30/25
Date



Please affix Notary Public Stamp or equivalent.

JOSE K. MASON
JAMES K. MASON
JAMES K. MASON
JAMES K. MASON
JAMES K. MASON

THOMAS NOBLE

Certifications:

Current:

NYS/NR Paramedic (NYS 459464 expires 1/31/2026) (NR M5119761 expires 3/31/2027)
NYS AHA ACLS Instructor
NYS AHA PALS Instructor
AHA BLS CPR Instructor

Past Certification:

NYS AEMT (2019-2023)
NYS EMT (2017-2019)

Employer:

Present:

Fort Ann Rescue Squad Inc

- Job Description: In charge of the Day-to-Day Operational needs of the 911 Division and the Interfacility Division. EMS Command for large & small-scale incidents which require management of several resources. Overall responsible for all Paid Staff Employees and there needs.
- Positions Held
 - Chief
 - 2019 till Present
 - Deputy Chief
 - 2018-2019
 - Lieutenant
 - 2018
- 2017-Present

Past Employer:

United States Amry (Active Duty)

- Job: 13FL7 (Joint Fires Observer)
 - Job Description: On the ground close air support for troops in contact. Coordination of Fixed Wing, Rotary Wing, Mortars and Artillery for ground troops in contact. Performed Infantry duties when not conducting close air support.
- Fort Drum (Watertown, NY)
 - 2005-2007
- Fort Carson (Colorado Springs, CO)
 - 2008-2012
- Deployments to Iraq, and Afghanistan
- Highest Rank Obtained: E5 Sergeant (Non-Commissioned Officer)

Education:

Hudson Valley Community College: Paramedic Program

- 2021-2023

Queensbury High School

- 1999-2003

Present Volunteer Experience

Fort Edward Rescue Squad (2012 till Present) Inactive Life Member

- Positions Held at Fort Edward Rescue Squad:
 - Chief
 - Deputy Chief
 - Lieutenant
 - President

Fort Ann Rescue Squad Inc.

- Positions Held at Fort Ann rescue Squad Inc
 - Chief
 - Deputy Chief
 - Lieutenant

Past Volunteer or Medical Experience

Hudson Falls Fire Department

Positions Held:

- Lieutenant
- Firefighter

2012-2019

Job Description: In charge of fire mitigation and interior firefighter. Job was to manage people and resources inside of IDLH atmospheres.

West Fort Ann Fire Department

Positions Held:

- Lieutenant
- Firefighter

Job Description: In charge of fire mitigation and interior firefighter. Job was to manage people and resources inside of IDLH atmospheres

2022-2024

Fort Ann Fire Department

Positions Held:

- Firefighter

2024-Present

Past Medical:

- Combat Life Saving Course (United States Army)

Management Experience

While a member of the United States Army I was trained to lead troops in combat as well as at peace time. I had extensive training during my time with the military to include Equal Opportunities for members of the military, combat training, management of soldiers, and mental health training.

While serving at President of the Fort Edward Rescue Squad I took several CE Classes on business management and Finance. It was my responsibility to manage all personal of the agency as well as chairperson of all committees. After moving into the Operational Side, I had several mentors guide me and teach day to day operational duties.

While serving with the Fort Ann rescue Squad I have continued to take CE Classes every year such as: Business, Finance, Leadership, and Mental Health. It is my responsibility to manage the day-to-day operational duties of the organization's 911 Division as well as the Interfacility Division. Additional responsibilities are included such as weekly payroll, NYS Paperwork, NYS CON recertifications, and overall responsible for the Narcotics program.

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	
Haley Noble	Deputy Chief
Full Name of Individual	Title
11287 State Route 149, Fort Ann NY 12827	
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.

Haley Noble

Full Name

Haley Noble
Signature

11/30/25
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.

Haley Noble

Full Name

Haley Noble
Signature

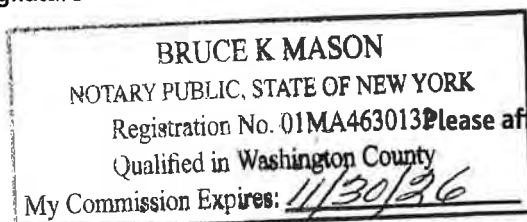
11/30/25
Date

Notary Public Affirmation and Acknowledgement

BRUCE K. MASON
Notary Public Name

Bruce K. Mason
Signature

11/30/25
Date



Please affix Notary Public Stamp or equivalent.

HALEY NOBLE

NYS Paramedic



A highly skilled and compassionate NYS Paramedic with extensive experience providing emergency medical care, adept at handling critical situations, and ensuring patient safety.

SKILLS

- Time Management
- Medical Procedures
- Decision Making
- Problem Solving
- Teamwork
- Communication
- Life Support
- Patient Assessment
- Emergency Medicine
- Critical Thinking

LANGUAGES

- French — Intermediate

EXPERIENCE

1st Assistant Captain/Paid Staff Supervisor/Controlled Substance Agent/Certified Insurance Coordinator/Insurance/Quality Assurance Specialist
Fort Ann Rescue Squad | Fort Ann NY

Dec 2019 — Present

- Supervised and trained a team of paid staff members in daily operations and risks.
- Successfully maintained and enforced organizational policies and procedures as the 1st Assistant Captain.
- Acted as a Controlled Substance Agent, ensuring compliance with regulations and handling inventory and record keeping.
- Demonstrated exceptional leadership and problem solving skills in high pressure situations as the Paid Staff Supervisor.
- Successfully assisted with the teaching of a new NYS EMT-B class as a life instructor.
- Coordinated QA services to ensure efficiency and adherence to patient care protocols.
- Successfully completed NAIMS Instructor Course 1.
- Currently working towards becoming a NYS EMS-CIC by teaching an upcoming EMT-B Class in May then advancing to a NYS EMS-CIC within the next year.
- Enforce all Standard Operating Procedures as followed by Paid Staff and Volunteer Members.

NYS Paramedic
Fort Edward Rescue Squad | Fort Edward NY

Dec 2020 — Oct 2021

- Proficient in advanced life support techniques and protocols, including intubation and administering medications.
- Extensive experience in responding to a wide range of emergencies including cardiac arrest, trauma incidents and respiratory distress.
- Strong interpersonal and communication skills, able to effectively interact with patients, families, and healthcare professionals in high pressure situations.

NYS Paramedic
West Glens Falls Emergency Squad | West Glens Falls NY

Feb 2020 — Feb 2023

- Responded to emergency medical calls, providing immediate life-saving care to patients in critical conditions.
- Managed and coordinated treatment plans for patients with a range of medical conditions and injuries.
- Effectively communicated with other healthcare professionals and family members to ensure comprehensive patient care.
- Conducted thorough assessments, administered medications, and performed complex medical procedures in high pressure situations.

Patient Care Assistant
Saratoga Hospital | Saratoga NY

Feb 2019 — Oct 2020

- Assisted in providing daily care to patients, including bathing, feeding, and dressing.
- Monitored vital signs and reported any abnormalities to nursing staff.
- Assisted with physical therapy exercises and mobility assistance for patients.
- Provided emotional support and comfort to patients and their families during difficult times.

Patient Care Assistant
Elka Hospital ICU | Schoenectady NY

Apr 2020 — Oct 2020

- Assisted patients with daily activities such as bathing, dressing, and meal preparation.
- Monitored vital signs and communicated any changes in the nursing team.
- Provided emotional support and comfort to patients during difficult times.
- Maintained a clean and organized environment to ensure patient safety and well-being.

Medical Assistant
OrthoNY | Malta NY

Apr 2017 — Aug 2018

- Assisted in performing routine medical procedures, such as taking vital signs and restocking equipment.
- Assisted physicians during patient examinations, procedures, and minor surgeries.
- Managed patient flow, including scheduling appointments and collecting medical history information.

EDUCATION

Regents Diploma with Advanced Designation
Ballston Spa High School | Ballston Spa NY

Sep 2013 — Jul 2017

Paramedic Associate of Applied Science
Hudson Valley Community College | Troy NY

Jan 2020 — Jun 2022

EMT-Basic

Aug 2020 — Jul 2022

Basic Exterior Firefighting Operations w/ IAD/FLO

Dec 2021 — Jan 2022

SCBA/Interior Firefighting Operations

Feb 2022 — Apr 2022

NYS Paramedic

Jul 2022 — Present

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	
Regina Ladd	President
Full Name of Individual	Title
11287 State Route 149, Fort Ann NY 12827	
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

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Home or residence licensed by NYS or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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.

Regina Ladd

Full Name

Signature

Date 11/30/25

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.

Regina Ladd

Full Name

Signature

Date 11/30/25

Notary Public Affirmation and Acknowledgement

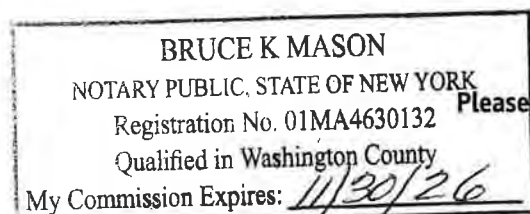
BRUCE K. MASON

Notary Public Name

Bruce K. Mason

Signature

Date 11/30/25



Please affix Notary Public Stamp or equivalent.

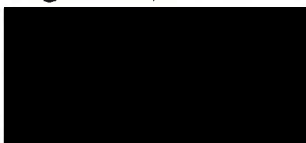


REGINA LADD

Objectives

I have been in emergency services in one form or another since 1992. My goals are to provide the best patient care in a quick efficient manner and to help Fort Ann Rescue Squad and its members and employees to grow. I have been a leader in my prior 911 communications officer job, in EMS and fire in one form or another since 1992, The majority of the time holding leadership positions.

Regina Ladd



presidentfars@gmail.com

Experience

911 Communications officer, CTO 2006-2025-Retired 3/25
CPR Instructor 2006-Current
Advanced Emergency Medical Technician Fort Ann Rescue Squad
2019-Current

Education

Queensbury High School Regents Diploma 1980

Certified First Responder-1992
Emergency Medical Technician-2001
Advanced Emergency Medical Technician-2013
Critical Incident Stress Debriefing for individuals in Crisis as well as the group setting. Washington County Peer Support Team-2017-Current

Volunteer Experience or Leadership

Captain of Bay Ridge Rescue Squad for 3 years, Asst Captain Bay Ridge Rescue Squad 2 yrs, Lt Bay Ridge Rescue Squad 2 yrs, Lt Fort Ann Rescue Squad 1 yr, President Fort Ann Rescue Squad total of 14 years. Volunteer Bay Ridge Rescue Squad 8 years, Volunteer with Fort Ann Rescue Squad for over 20 years. Chairman of the Board of Directors West Fort Ann Fire Company 2 years, First Response Captain West Fort Ann Fire Company for 8 years.

Affirmation of Fitness and Competency

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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

Mackenzie Mehnert

Vice President

Full Name of Individual

Title

11287 State Route 149, Fort Ann NY 12827

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.
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- ☐ ☒ 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.

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- 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.

Mackenzie Mehnert

Full Name

Mackenzie Mehnert

Signature

11/30/25

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.

Mackenzie Mehnert

Full Name

Mackenzie Mehnert

Signature

11/30/25

Date

Notary Public Affirmation and Acknowledgement

BRUCE K. MASON

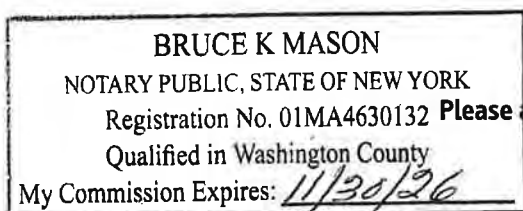
Notary Public Name

Bruce K. Mason

Signature

11/30/25

Date



Please affix Notary Public Stamp or equivalent.

MACKENZIE MEHNERT



KENZIE11902@GMAIL.COM



EMERGENCY MEDICAL TECH

2024 - Present

HOME ADDRESS



EXPERIENCE

EMT – FORT ANN RESCUE SQUAD

February 2024 – Present

In 2024 I made a career change and choose to get into EMS to help people and make a difference. I first joined as an observer and was eventually trained as a Emergency Vehicle Operator while I was in EMT school at North Country Community College. Since I gained my EMT I have worked full time hours while volunteering several hours a week. I have spent a lot of time trying to learn the day-to-day operations and administrative duties.

VICE PRESIDENT – FORT ANN RESCUE SQUAD

December 2025 - Present

EDUCATION

HUDSON FALLS HIGH SCHOOL

2015- 2019

VOLUNTEER EXPERIENCE OR LEADERSHIP

After high school I spent many years staying home raising my children, once my children were a little older, I wanted to give back as I felt a need to serve. I joined Fort Ann Rescue Squad and have spent a lot of time trying to learn how things work administratively. In 2025 I was given the opportunity to join the Board of Directors as the Vice President.

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	
Sean Simmons	Secretary
Full Name of Individual	Title
11287 State Route 149, Fort Ann NY 12827	
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.
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- 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

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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.

Sean Simmons

Full Name



Signature

12/08/25

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.

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Sean Simmons

Full Name



Signature

12/08/25

Date

Notary Public Affirmation and Acknowledgement

BRUCE K. MASON

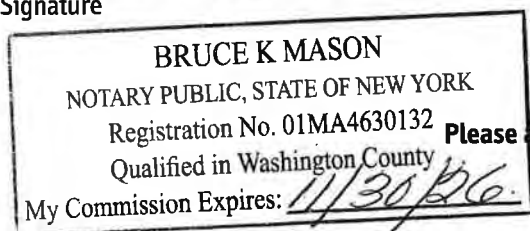
Notary Public Name



Signature

12/08/25

Date



Please affix Notary Public Stamp or equivalent.



SEAN SIMMONS

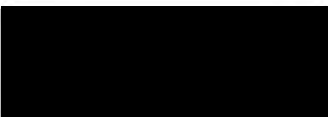
FORT ANN RESCUE SQUAD
EMERGENCY MEDICAL TECH / LIEUTENANT / SUPERVISOR

CERTIFICATION

NYS EMT: 2022 - PRESENT

OVERVIEW

Joined the Fort Ann Rescue Squad in late 2024 where I have been able to learn new skills in a rural area with longer transport times. My knowledge of Inter Facility transfers has been tapped and helped progress the current system. In mid 2025 I was promoted to a Supervisor Position where I oversee the Second and Third crew while on a Supervisor Shift. It is my responsibility to assist the GFH Move patients and systematically move ambulances around to assist with Mutual Aid Calls. In late 2025 I was elected by the membership to serve as the Secretary on the Board of Directors to which I still currently hold when the previous secretary retired at her ten-year mark.



CURRENT EMPLOYER

FORT ANN RESCUE SQUAD INC • 2024 - PRESENT

Secretary: December 2025 - Present

Lieutenant: December 2025 - Present

TX Supervisor: June 2025 - Present

MOHAWK AMBULANCE • MAY 2023 - PRESENT

During my time with Mohawk Ambulance Service, I have been able to progress my skills in a fast-paced environment in the Albany NY Area. I have worked hard to become a Field Training Officer which I am till present day

EDUCATION

DEGREE • DATE EARNED • SCHOOL

You might want to include your GPA and a summary of relevant coursework, awards, and honors.

DEGREE • DATE EARNED • SCHOOL

On the Home tab of the ribbon, check out Styles to apply the formatting you need with just a click.

VOLUNTEER EXPERIENCE OR LEADERSHIP

Fort Ann Rescue Squad Inc

Lieutenant: December 2025 – Present

Rock City Falls Vol. Fire Dept

Firefighter: 2012 – 2018 (FF1, CPR, AED, EVOC)



EMAIL



TWITTER HANDLE



TELEPHONE



LINKEDIN URL

Affirmation of Fitness and Competency

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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	
Kelsey Reppert	Treasurer
Full Name of Individual	Title
11287 State Route 149, Fort Ann NY 12827	
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

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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.

Kelsey Reppert

Full Name

Signature

Date

11/30/25

Certification of Fitness

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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 fitness.

Kelsey Reppert

Full Name

Signature

Date

11/30/25

Notary Public Affirmation and Acknowledgement

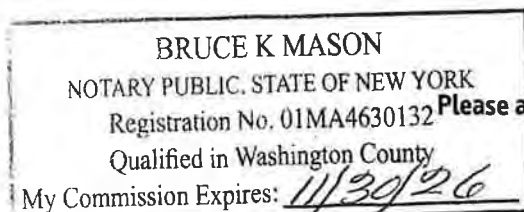
BRUCE K. MASON

Notary Public Name

Signature

Date

11/30/25



Please affix Notary Public Stamp or equivalent.

Kelsey Reppert

faems2666@gmail.com

WORK EXPERIENCE

Fort Ann Rescue Squad- EMT-CC, July 2024-Present

Fort Ann, NY

- ALS and BLS Patient care and care reports
- Oversight of paid staff on day-to-day basis
- Rig Checks daily and restocking after calls

West Glens Falls EMS- EMT-CC, August 2020-July 2024

Queensbury, NY

- ALS and BLS Patient care
- Complete care report for all patient interactions
- Rig Checks daily and restocking after calls

Lake George EMS- EMT-CC, July 2018-January 2022

Lake George, NY

- ALS and BLS Patient care
- Complete care report for all patient interactions
- Rig Checks daily and restocking after calls

MEDCOR INC.- EMT-CC/OHT, November 2016 - Present

Amsterdam, NY

- Patient care, treatment, and referrals to PCP
- Urine and Hearing testing
- Complete care report for all patient interactions

GAVAC- EMT-CC, July 2015-June 2021

Amsterdam, NY

- ALS and BLS Patient care, for 911 calls and specialty transports
- Complete care report for all patient interactions
- Rig Checks daily and restocking after calls

EDUCATION

SUNY Albany Albany, NY

Biology, September 2012- May 2015

Drexel University Philadelphia, PA

Biology, September 2011- May 2012

Saratoga Springs High School Saratoga Springs, NY

NYS Advanced Regents Diploma June 2011

CREDENTIALS AND LICENSES

- NYS AEMT-CC
- ACLS Certified
- PALS Certified
- American Red Cross CPR/First Aid Instructor & Provider
- AHA BLS & Heartsaver CPR/First Aid Instructor & Provider

Affirmation of Fitness and Competency

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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	
Robert Griffiths	Board Of Director
Full Name of Individual	Title
11287 State Route 149, Fort Ann NY 12827	
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

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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.

Robert Griffiths

Full Name

Signature

Date

11/30/25

Certification of Fitness

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Robert Griffiths

Full Name

Signature

Date

11/30/25

Notary Public Affirmation and Acknowledgement

BRUCE K. MASON

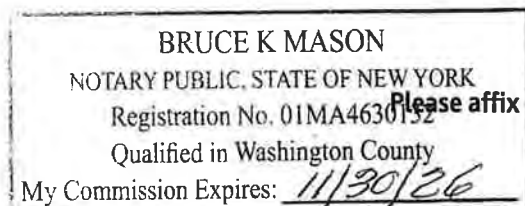
Notary Public Name

Bruce K. Mason

Signature

Date

11/30/25



Please affix Notary Public Stamp or equivalent.



RG

ROBERT GRIFFITHS

**FORT ANN RESCUE SQUAD INC
EMT / BOARD OF DIRECTOR**

CERTIFICATION

NYS EMT: 2012 – Present
NYS EMT# 418858

OVERVIEW

After spending more than more than twenty years with NYS Department of Health and the Environmental agencies serving the central region in various leadership and staffing positions, I was able to retire to the Fort Ann NY area where I found a new appreciation of serving my community. I joined the Fort Ann Rescue Squad and served in various position such as treasurer, Operational Lieutenant and now as a Board of Director helping shape and lead the agency into the future. My many years with the state along with my education has helped me guide and mentor several new providers who have today turned into Operational leaders currently leading the agency now. One never stops learning and leadership never clocks out.

CURRENT & PAST EMPLOYER

EMT • FORT ANN RESCUE SQUAD INC • 2017 - PRESENT

Caring for the sick and injured as a New York State EMT for 911 calls, as well as driver and care provider for interfacility transfers.

INSPECTOR • NYS DEPT OF HEALTH • 1986 - 2010

Inspection of large-scale business and food establishments, as well as various leadership roles in many projects

NYS ENVIROMENTAL CONSERVATION • 1981 – 1986

Program and Research for Child Health Plus

EDUCATION

HIGH SCHOOL DIPLOMIA • NEW HARTFORD CENTRAL HIGH

ASSOCIATE'S DEGREE • SUNY MORRISVILLE

- **DEGREE IN ENVIORMENTAL SCIENCE**

BACHELOR'S DEGREE • EAST TENNESSEE STATE UNIVERSITY

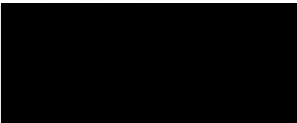
- **DEGREE IN PUBLIC HEALTH**



ROBERT GRIFFITHS

FORT ANN RESCUE SQUAD INC
EMT / BOARD OF DIRECTOR | LINK TO OTHER ONLINE PROPERTIES:

Robert Griffiths



VOLUNTEER EXPERIENCE OR LEADERSHIP

Fort Ann Rescue Squad Inc: 2012 – Present

- Lieutenant: 2017 – 2019
- Treasurer: 2014-2019
- Board of Director: 2019- Present

Double H Hole in the Woods: 2016- 2023

- Facilities Commission
- Board of Director

Rotary International: 2018-2023



EMAIL



TWITTER HANDLE



TELEPHONE



LINKEDIN URL

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	
Melissa Clark	Board Of Director
Full Name of Individual	Title
11287 State Route 149, Fort Ann NY 12827	
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.

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→ 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.

Melissa Clark

Full Name

Signature

Date

11/30/25

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.

Melissa Clark

Full Name

Signature

Date

11/30/25

Notary Public Affirmation and Acknowledgement

BRUCE K. MASON

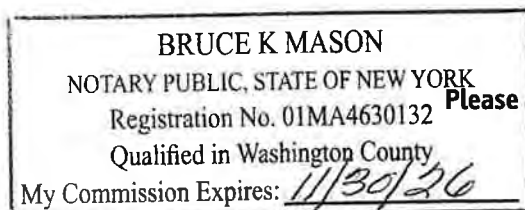
Notary Public Name

Bruce K. Mason

Signature

Date

11/30/25



Please affix Notary Public Stamp or equivalent.



MELISSA CLARK

**FORT ANN RESCUE SQUAD INC
EMT / BOARD OF DIRECTOR**

CERTIFICATION

NYS EMT: 2016-Present
NYS EMT# 463929

OVERVIEW

I have always been interested in Emergency Services and helping people, as I grew up in a household where my father was a fire chief. After High School I moved to the Fort Ann area where I had family and joined the Fort Ann Rescue Squad Inc. My life has been centered around helping people as well as currently serving as the health and safety officer for FARS where I have taken on helping members struggling with mental health issues as its near and dear to my heart. I have served as a Board of Director for the Fort Ann Rescue Squad for the last two years helping the agency transition into one of the busiest agencies in Washington County.

Melissa Clark

CURRENT EMPLOYER

BANK TELLER • ARROW BANK • 2024 - PRESENT

Assist customers with bank transactions and other bank related items.

HOUSE / PATIENT ASSISTANT • ARC • 2016 - PRESENT

Help take care of disabled patients in need. I stay in house with patients and take care of day to day needs to long term residents of ARC.

EDUCATION

HIGH SCHOOL DIPLOMIA • 2012 • LONG LAKE

Graduated with Regents Diploma

VOLUNTEER EXPERIENCE OR LEADERSHIP

Fort Ann Rescue Squad Inc: 2014-Present

- EMT
- Board of Director: 2023-Present
- Vice President: 2022-2023
- Health and Safety Officer: 2023 - Present

Fort Edward Rescue Squad: 2019-2021

- EMT

Granville Rescue Squad: 2018-2020

- EMT

Affirmation of Fitness and Competency

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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	
Bruce Mason	Board Of Director
Full Name of Individual	Title
11287 State Route 149, Fort Ann NY 12827	
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

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Certification of Competency

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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.

Bruce Mason

Full Name

Bruce Mason

Signature

12/01/25

Date

Certification of Fitness

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Bruce Mason

Full Name

Bruce Mason

Signature

12/01/25

Date

Notary Public Affirmation and Acknowledgement

Bethanne Granger

Notary Public Name

Bethanne Granger

Signature

12/01/25

Date

BETHANNE GRANGER

Notary Public, State of New York

Washington County #01GR003394 Please affix Notary Public Stamp or equivalent.

Commission Expires Feb. 19, 2029

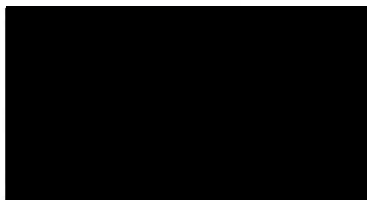


Bruce Mason

Objectives

I have been in Fort Ann Rescue Squad since 1972, my goal has always been to be here for the community of Fort Ann. I have always supported the growth of our members and the growth of our agency, offering my years of experience in life and EMS. I have taught hundreds of providers and citizens CPR. I have participated in hundreds of EMT and advanced providers classes with their skills as a CLI. I have loved and supported this agency and community since I moved here in 1972.

Bruce Mason



Experience

Funeral Director-1969-~~1924~~ 2024 (BKM)
Business Owner Mason's Funeral home 1972-2024
CPR Instructor 2004-2024
Emergency Medical Technician-1972-1991
Advanced Emergency Medical Technician-1991-2025
Certified Lab Instructor-1999-2024
CPR Instructor-2001-2024

Education

Coxsackie High School-1964
Dutchess County Community College 2yrs-1966
Cortland College-1968
Mortuary School-1969

Volunteer Experience or Leadership

Have volunteered at Fort Ann Rescue Squad since 1972. I have held every position operationally and the executive side, with one exception, the position of Captain during my 50 years of service. I held the position of EMS C-3 for Washington County for 5 years. I then moved to the position of EMS C-1 for Washington County from 2003-2024.

Affirmation of Fitness and Competency

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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

Robert McPherson

Board of Director

Full Name of Individual

Title

11287 State Route 149, Fort Ann NY 12827

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

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Robert McPherson

Full Name


Signature

11/30/25
Date

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Robert McPherson

Full Name

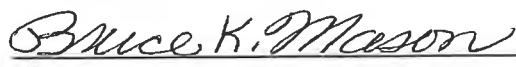

Signature

11/30/25
Date

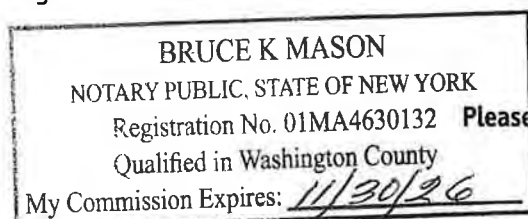
Notary Public Affirmation and Acknowledgement

BRUCE K. MASON

Notary Public Name


Signature

11/30/25
Date



Please affix Notary Public Stamp or equivalent.



RM

ROBERT MCPHERSON

FORT ANN RESCUE SQUAD INC
PARAMEDIC / BOARD OF DIRECTOR

CERTIFICATION

NYS EMT: 2004-2011

NYS Paramedic: 2012-Present

OVERVIEW

I have been in emergency services in one form another from EMS to Fire since graduating High School. I care Deeply about serving the community that I live within and helping people in general. My life experiences have taken me from my hometown in Fabius to the eastern side of NYS to Fort Ann all that time serving in one capability or another in emergency services. My time in emergency services and current employment have taught me a wide range of skills to include Management of personnel and leadership. One is never done learning and or honing their skills in leadership.

Robert McPherson



CURRENT EMPLOYER

CAMP RANGER • TWIN RIVERS COUNCIL • 1/23-PRESENT

Responsible for day-to-day operations of Camp Wakpominee in Fort Ann, NY. Oversee and maintain the grounds and needs of the property. Responsible for the safety and wellbeing of all Scouting of America children who attend camp.

EDUCATION

HIGH SCHOOL DIPLOMIA • 2005 • FABIUS POMPEY

DEGREE • DATE EARNED • SCHOOL

On the Home tab of the ribbon, check out Styles to apply the formatting you need with just a click.

VOLUNTEER EXPERIENCE OR LEADERSHIP

2004-2020: Pompey Hill Fire Dept

- Firefighter/Paramedic
- Rescue Captain

2005: Rome Metro Medical Services

- EMT

2008: Peer Support (Critical Incident Stress debriefing) Class

2009: TLC EMS

- EMT

2020: NorthStar EMS

- Chief Operations Officer
- Paramedic

2024- Present: Fort Ann Rescue Squad Inc

- Paramedic / Board of Director

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Fort Ann Rescue Squad Inc	5714
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Scott Murray	Board of Director
Full Name of Individual	Title
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Scott Murray

Full Name

Signature

Date 11/30/25

Certification of Fitness

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Scott Murray

Full Name

Signature

Date 11/30/25

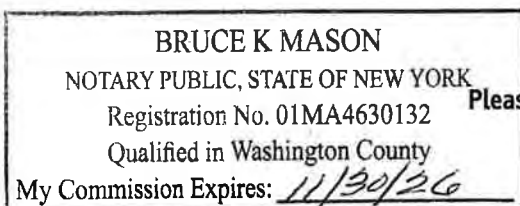
Notary Public Affirmation and Acknowledgement

BRUCE K. MASON

Notary Public Name

Signature

Date 11/30/25



Please affix Notary Public Stamp or equivalent.

SCOTT MURRAY



I am looking to obtain a challenging position where my knowledge, skills, hard work and dedication are utilized to the fullest. I am adaptable, organized, dependable and always working towards raising the bar on service standards and expectations.

Experience

F & H DIRECT

SEP 2011-APRIL 2024

Duties include delivering and installing hot tubs.

Fixing hot tubs. Remodeling houses and maintaining properties, Including plumbing, electrical, framing, and other interior and exterior renovations

Mohawk ambulance service

May 2024-September 2024

Duties include teching, patient care and transport. Patient care reports and driving.

And training new drivers and emts.

Fort Ann rescue squad

September 2024-present

Duties include inter-facility transports, responding to 911s in district and mutual aids, driving, teching, and doing station duties.

EDUCATION

TROY EOC

Obtained my ged in June of 2021

LEADERSHIP

I was a member/captain of the Schuyler heights fire district where being an active member of the company has built my knowledge of firefighting. During my time as a volunteer firefighter, I have become nationally certified as a firefighter as well as gaining my National Hazmat certificate. I have incorporated these crucial skills into my personal life giving me the ability to be adaptable, dependable and a successful and respectable leader/person.

As of September 2024 I am a member of Wilton Fire Department.

Certifications

Nys emt-b State # 496466 June 2023

National firefighter 1

National hazardous first responders operations cert

State firefighter 2

State fire officer 1

Town of Colonie EMS commendation

REFERENCES

- Mark depasquale- 2nd assistant Chief Schuyler heights fire company [REDACTED]
- MyKenzie lauster- Mohawk ambulance driver(partner) [REDACTED]
- Michael Harrington – Watervliet Police Department [REDACTED]

Mark JF Schneider
NEW YORK STATE
DRIVER LICENSE
Class D
NOBLE
THOMAS, STANLEY
Organ Donor
E NONE
R B
Sex M Height 6'-00" Eyes GRN

Mark JF Schneider
NEW YORK STATE
DRIVER LICENSE
Class D
NOBLE
HALEY, NOELLE
Organ Donor
E NONE
R B
Sex F Height 5'-04" Eyes BRO

Mark JF Schneider
NEW YORK STATE
COMMERCIAL DRIVER LICENSE
NOT FOR FEDERAL PURPOSES
Class BM
LADD
REGINA, C
Sex F Height 5'-07" Eyes BRO
RA3 B K
Organ Donor

Mark JF Schneider
NEW YORK STATE
DRIVER LICENSE
Class DM
REPERT
KELSEY, LYNN
Organ Donor
E NONE
R B
Sex F Height 6'-00" Eyes BRO

Mark JF Schneider
NEW YORK STATE
DRIVER LICENSE
NOT FOR FEDERAL PURPOSES
Class D
MCPHERSON
ROBERT, M.
Sex M Height 5'-07" Eyes HAZ
Organ Donor

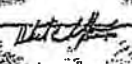

Mark JF Schneider
NEW YORK STATE
DRIVER LICENSE
Class D
MASON
BRUCE, KENT
E NONE
R NONE
Sex M Height 5'-08" Eyes BLU

NEW YORK STATE USA
DRIVER LICENSE
NOT FOR FEDERAL PURPOSES

Class DM

GRIFFITHS
ROBERT, E

Sex M Height 5'-10" Eyes BRO



NEW YORK STATE USA
DRIVER LICENSE
NOT FOR FEDERAL PURPOSES

Class D

MURRAY
SCOTT, N

Sex M Height 6'-0 1/2" Eyes BLU



NEW YORK STATE USA
DRIVER LICENSE
NOT FOR FEDERAL PURPOSES

Class D

MEHNERT
MACKENZIE, RAE LYN

Sex F Height 5'-02" Eyes BLU

Organ Donor



NEW YORK STATE DRIVER LICENSE

NOT FOR
FEDERAL
PURPOSES

Glasses D

CLARK
MELISSA, I



E NONE
R NONE

Sex F Height 5'03" Eyes BLU

NOT FOR
FEDERAL
PURPOSES

NEW YORK STATE DRIVER LICENSE

IF Obtained
Under New York
Vehicle and Traffic
Law

Class D

SIMMONS
SEAN, WILLIAM



E NONE
R NONE
SEX M
HEIGHT 6'-01"
EYES BRO

Signature: [Handwritten signature]
Date: 10/15/10
Sex: M
Height: 6'-01"
Eyes: BRO





Department
of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Noble, Haley
Level: Paramedic

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

PARAMEDIC NOBLE

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



Department
of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Ladd, Regina
Level: Advanced-EMT

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

ADVANCED-EMT LADD

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



Department
of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Mehnert, Mackenzie
Level: EMT

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT MEHNERT

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



Department
of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Reppert, Kelsey
Level: EMT-Critical Care

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT-CRITICAL CARE REPERT

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



Department
of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: McPherson, Robert
Level: Paramedic

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

PARAMEDIC MCPHERSON

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



Department
of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Murray, Scott
Level: EMT

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT MURRAY



Department
of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Clark, Melissa
Level: EMT

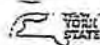
James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT CLARK

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





Department
of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Simmons, Sean

Level: EMT



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

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

EMT SIMMONS

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

Medical Director Verification

Please identify the NYS Licensed physician medical director (hereinafter referred to as medical director) providing continuous quality improvement and quality assurance and medical oversight to your agency. The service medical director must comply with New York State Department of Health Policy Statement 11-03 Re: Providing Medical Direction.

If your agency has more than one medical director, submit a separate medical director verification for each service medical director and indicate which of your operations apply to the oversight provided by each physician. Please send this form to your DOH EMS Central Office for filing with your service records via the Division of State EMS portal found on the division forms page.

Agency Name FORT ANN RESCUE SQUAD INC

Agency Code Number 5714 Agency Type ☒ Ambulance ☐ ALSFR ☐ BLSFR

Agency CEO REGINA LADD

Medical Director Name THOMAS WILLIAMS

Medical Director Email Address [REDACTED]

NYS Physician's License Number

Phone Number

Highest Level of Care ☐ CFR (BLS FR Only) ☐ EMT ☐ AEMT ☐ Critical Care ☒ Paramedic

☒ Defibrillation / PAD

☐ Epinephrine Autoinjector or Syringe

☒ Albuterol

☒ Blood Glucometry

☒ Intranasal Naloxone

☒ Ipratropium

☒ 12 Lead ECG

☒ Supraglottic Airway

☒ Continuous Positive Airway Pressure (CPAP)

☒ Ambulance Transfusion Service (ATS)

☒ Controlled Substances (BNE License on File)

Ambulance/ALSFR Agency Controlled Substance License Number, If Applicable [REDACTED]

Ambulance/ALSFR Agency Controlled Substance License Expiration Date 3/31/2027

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 a 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 [Signature] License Number [REDACTED]

Date of Signature 11.4.25

Email [REDACTED]

EMS Agency Personnel Roster

Agency Name **FORT ANN RESCUE SQUAD** Agency Code **5714** 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	
AMELL	EDWARD			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
BARBER	ZACHARY			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BREAULT	ALBERT			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CALL	ANDREW			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CAMPBELL	KYLE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CLARK	MELISSA			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DUGAN	BRENDON			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GADWAY	JOSHUA			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GRIFFITHS	JANE			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GRIFFITHS	ROBERT			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HALL	JEROME			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HANNA	KEITH			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HILLICOSS	KENNETH			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HUTCHINSON	COLLEEN			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUNTER	TIFFANY			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JONES	SCOTT			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KING	JACOB			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LACLAIR	VINCENT			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LADD	REGINA			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMS Agency Personnel Roster

Agency Name
FORT ANN RESCUE

Agency Code
5714

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
LADD	ROBERT			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LASHINSKY	JONATHAN			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LOVELY	JORDAN			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LAVERGNE	DAVID			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MARCHESE	NICOLE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MASTROIANNI	SIERRA			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MASON	BRUCE			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MCPHERSON	ROBERT			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MEHNERT	MACKENZIE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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MURRAY	SCOTT			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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RALSTON	GLENN			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REPPERT	KELSEY			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RUSSELL	PRESTON			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMS Agency Personnel Roster

Agency Name
FORT ANN RESCUE SQUAD

Agency Code
5714

Date Submitted

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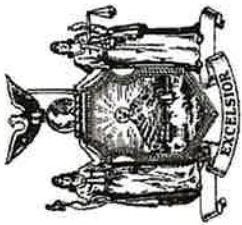
List All Personnel Alphabetically		DOH-Certified Personnel		Level of Certification (Check One)				Check Other Levels	
Last Name	First Name	DOH-Issued ID Number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED First Aid
SIMMONS	SEAN			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SMITH	MAKAYLA			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SWEENOR	CAITLIN			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TROMBLEY	ASHLEY			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VANSYCKLE	KYLE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WALLACE	CHAUNCEY			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WAITE	ZACHARY			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WILLARD	MIKENZIE			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WILLIAMS	STEPHANIE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
YOUNGER	DILON			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Agency Code Number: 5714

Issued: 2/11/2025

Expires: 3/31/2027

NEW YORK STATE DEPARTMENT OF HEALTH
Ambulance Service Certificate



Fort Ann Rescue Squad, Inc.
DBA: Fort Ann EMS



*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 & Town of Fort Ann

A handwritten signature in black ink, appearing to read "Ryan Greenbaum".

Emergency Medical Services Program

A handwritten signature in black ink, appearing to read "Sir McRae R. M.H.". Below the signature is a horizontal line.

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



FORT ANN RESCUE SQUAD INC.

Serving Since 1961

Fortannrescue.org

October 17st, 2025

To whom it may concern:

The Fort Ann Rescue Squad Inc, an applicant for an expansion of its Ambulance Service Certificate (a/k/a Certificate of Need) for the following territory, which encompasses The Glens Falls Hospital: “ All of that territory within 100 Park Street, Glens Falls NY 12801”

AFTER READING THIS LETTER, WE ARE ASKING THAT YOU SEND A LETTER OF SUPPORT (OR OPPOSITION) REGARDING THE APPLICATION, TO:

Fort Ann Rescue Squad Inc.

RE: Chief Noble, Thomas

PO Box 237

Fort Ann, NY 12827

If you could explain that there is (or is not) need for these services, it would be helpful as well. We will then present that letter with our application.

This letter provides information to the Mountain Lakes Regional Emergency Medical Council, the public, and you as an interested provider, party, or municipality in or serving Warren County. To enhance transparency, we're providing more information than required in our initial application, along with corrections noted from our first attempt. The Fort Ann Rescue Squad recognizes the support we received during our first attempt and expresses our gratitude for your continued support as we proceed with our second attempt. If you wish to continue to support our attempt, new letters would be required.

We thank you for your attention to this most important application

VERY TRULY YOURS,

FORT ANN RESCUE SQUAD INC

By: Thomas Noble
Chief of EMS

11287 State Route 149
Fort Ann, NY 12827
PO Box 237



FORT ANN RESCUE SQUAD DETAILED NARATIVE

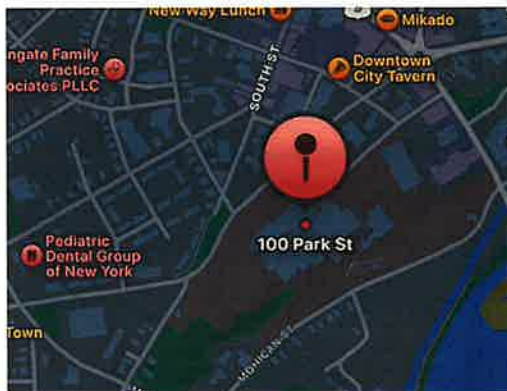
Fort Ann Rescue Squad wishes to provide Basic and Advanced Life Support transport ambulance services for discharged and transferred patients from the Glens Falls Hospital, Warren County, New York. The Public Health Law requires that the Fort Ann Rescue Squad apply to expand its operating authority, and requests letters of support or opposition from stakeholders.

Presently, the Ambulance Service Certificate for the Fort Ann Rescue Squad includes the Following territory:

Village & Town of Fort Ann

Fort Ann Rescue Squad operates five (5) ambulances and three (3) first response vehicles. One (1) ambulance is dedicated to our 911 district, leaving three (3) ambulances routinely staffed with the potential of four (4) for Glens Falls Hospital and mutual aid. We have twenty-six (26) volunteers and thirty-five (35) employees. Among them are nine (9) Paramedics, three (3) Advanced EMT's, twenty-eight (28) EMT-Basics, and seven (7) Emergency Vehicle Operators. In 2024 we were dispatched to 1475 emergency calls in our present territory and mutual aid, and 1305 non-emergent transports exclusive to the Hospital transports. We have an average response time of 1.9 minutes and an average response rate of over (99%) percent.

We look to add the following territory **“All of that territory within 100 Park St, Glens Falls New York 12801” a/k/a The Glens Falls Hospital**



The goal of this application is for the Fort Ann Rescue Squad to be authorized to continue to provide reliable non-emergency ambulance transport for The Glens Falls Hospital in order to permit the timely discharge and/ or transfer of the hospitals patients, and specifically in order to transport patients out of Glens Falls Hospital to their homes, to other hospitals, nursing homes, and other treatment and diagnostic facilities. Our application will support and will not negatively affect any other ambulance service in the area.

As will be demonstrated below, Fort Ann Rescue Squad has been actively transporting the hospitals patients for the last three years and has evidence to support these claims. Without the Fort Ann Rescue Squad’s assistance patients would see longer wait times before transfer or discharge.

Public Need

Fort Ann Rescue Squad is required to provide the definition of need and to demonstrate that need exists for Fort Ann Rescue Squad’s ambulance services in Warren County. The State EMS council and the Department of Health define public need as follows.

“The Demonstrated absence, reduced availability or an inadequate level of care in ambulance or emergency medical service availability to a geographic area which is not readily correctable through the reallocation or improvement of existing resources.” Variables in considering “public need” include geography, population (Size, density, projections), level of care (Existing, available), quality, reliability and response patterns of existing services, type of service (Emergency, Non-Emergency), special needs, service effectiveness, cost and operation, and other local factors.

This letter is intended to address these issues.

LACK OF READILY AVAILABLE AMBULANCES CREATES NEED

The primary role of any emergency ambulance service is to serve the emergency medical needs of the public. Unfortunately, Warren County if not the entire state, is in short supply of emergency ambulance services. Therefore, the needs of patients who require discharge from and transports between facilities such as hospitals, nursing homes, physician offices and diagnostic facilities must take a back seat.

Hospitals are experiencing a significant depth of available ambulance level care for patient transfer and decreasing the availability of beds for those who need them. In September 2025 Dr. Edwards of the Albany Med Health Systems provided data that the average time to transfer a trauma patient out of an ED (not specifically GFH) to Albany Medical Center was 3.9 hours.

Currently several Emergency Medical Services in Warren County assist with transferring patients out of Glens Falls Hospital but are largely unable to provide a consistently dependable service. Warren County agencies are frequently unavailable to assist with inter-facility transfers due to increased emergency calls within their own districts and surrounding districts. Frequently many of these agencies must rely on mutual aid to cover their 911 district calls while they attempt to assist the Glens Falls Hospital with pending transfers, further straining the existing systems in place.

The current CON holders are cognizant of the fact that other non-certificate holders are engaged in inter-facilities activities. Some have attempted to fill the gaps but have been unsuccessful, while others are currently unavailable to provide assistance to The Glens Falls Hospital due to various other circumstances.

Need Exists

The following reflects the number of transports from Glens Falls Hospital, conducted by the Fort Ann Rescue Squad Inc.

2025 (January – December 8th)

<u>Year</u>	<u>Total Transports</u>	<u>ALS</u>	<u>BLS</u>	<u>SCT</u>
2025 to Dec 8th	1650	234	1404	81
2024	1305	174	1131	18
2023	101	29	72	0

Proposed Territory

Fort Ann Rescue Squad's proposed territory is described as follows: **"All of that territory within 100 Park St, Glens Falls NY 12801". a/k/a The Glens Falls Hospital.**

I. Impact upon ambulance and / or emergency medical services in the proposed area

Positive impact on the community

Fort Ann Rescue Squad's ambulance services will positively impact the reliability of available transport ambulance service out of Glens Falls Hospital in reasonable time periods. Patients will receive more reliable and consistent non-emergency transfer out of Glens Falls Hospital, freeing up beds for new patients. Warren, Washington, and Saratoga County Emergency Medical Services will not be burdened with higher requests for transfers allowing them to focus more on their high emergent call volume in their own district.

Present providers (CON Holders)

- Ambulnz Ambulance Service
- Glens Falls Fire Department
- Mohawk Ambulance Service

No Negative Impact on other providers

There will be no negative impact on any other providers which hold operating authority in Warren County. Fort Ann Rescue Squad is not looking to displace any of the private services, fire departments, or volunteer ambulance services which serve this territory. It is hard to imagine that any other ambulance service will lose income, members, or employees from Fort Ann Rescue Squad's provision of interfacility transports and non-911 ambulance service.

Response Time

Response time metrics for our proposed services are different than 911 services response times. The hospital must be able to discharge its patients in a timely manner, but mere minutes are not likely critical. We are typically scheduled to arrive at various times, making response times less important. However, the present ambulance services are unable to guarantee reliable pickup even with pre-scheduled times. This is due to the fact that they are overwhelmed with 911 calls, which must take priority. CON Holders as well cannot keep up with the high volume from Glens Falls Hospital. Our statistics dictate that most transports occur between 1400hrs and 0000 hours.

Staffing/Contracting

Fort Ann Rescue Squad owns five (5) ambulances with one dedicated to our primary 911 district. In addition, we staff three (3) ambulances regularly with the possibility of a total of four (4) to respond to the expansion territory (the hospital). These ambulances are staffed with at least one basic EMT and a driver on each, or with a critical care tech or paramedic for advanced life support transports.

Call Volume for the past 12 months and anticipated for the next 12 months

We will operate 24/7. We project that we will transport an average of 1400-1800 patients per year in this Expansion Territory. We expect about 5-10 transports per day in this territory. This is based upon present statistics for 2024 and 2025

Mutual Aid

We currently participate in the Washington County Mutual Aid Plan. We respond to areas outside of our primary operating territory only at the request of the Washington County Department of Public Safety 911 Dispatch Center located at 383 Boardway in the Town of Fort Edward. We are available to respond to Warren County if available and requested by the Washington County Department of Public Safety.

Protocols

Fort Ann Rescue Squad adheres to all state and regional Basic Life Support and Advanced Life Support Protocols. Fort Ann Rescue Squad maintains all policies required by the Department of Health, Bureau of Emergency Medical Services. Fort Ann Rescue Squad frequently reviews its basic practices, to continuously improve its already high quality of service. Fort Ann Rescue Squad adheres to the Mountain Lakes Regional Protocols that cover Interfacility transfers. Any additional Specialty Care Training adheres to the Fort Drum Regional Health Planning Organization set Transport Guidelines. Specialty Care Training is conducted annually and adheres to the Fort Ann Rescue Squad's Medical Director's recommendations and sign off/approval.

Ability and quality of existing services

This application does not seek to displace any other service. Fort Ann Rescue Squad will fill significant gaps in ambulance service for interfacility transports, hospital discharge, and patient appointments which require ambulance transport. It does not displace any other service from responding to their primary territories for 911 emergencies.

We have spoken with other available services, and they are either not capable of providing consistent reliable transports and/or are not interested in doing inter-facilities. A few Warren, Washington, Saratoga agencies want/do transfers but generally require other agencies to cover additional calls in their district due to high 911 volume in their districts. Most Warren, Washington, and Saratoga County agencies are not capable of providing a consistent 24/7 service to the hospital. Fort Ann Rescue Squad can provide a consistent and reliable service to "the Hospital" while also being able to cover 911 calls within their own service area without help from neighboring agencies to cover district calls.

No financial impact or any adverse impact on existing services.

Fort Ann Rescue Squad does not seek to prevent any other service from operating in their primary operating territories 911 calls and will not attempt to interfere with existing transport contracts being reliably served by any other ambulance service. The Fort Ann Rescue Squad also supports any other agency conducting inter-facilities as the sheer daily volume needs several agencies to support the hospitals needs.

II. EMS Systems in the Area

These entities are listed above

The following hospital is affected:

- ***The Glens Falls Hospital***

Projected Response Times

Response time is based upon the schedule required by the hospital, but is on average less than two (2) minutes

Communication System Interface

Fort Ann Rescue Squad will utilize 911 services and will communicate with 911 on frequency 154.1600 and also 155.340 capability. We will have the ability to speak with the hospital via phone and radio.

The Positive and negative impact on the community

There will/has only been a positive impact on emergency medical services, the hospital and the community through the effective and efficient discharge and/or ambulance transport of patients out of Glens Falls Hospital. There will be no negative impact on patient care by this continued service, and no other ambulance services will be negatively impacted in the area. Without Fort Ann Rescue Squad providing services, response time for patient transport and discharge will suffer

Over the last two years conducting inter-facilities has created a significant positive impact for the Fort Ann community. Having additional staffed ambulances has allowed Fort Ann Rescue Squad to assist neighboring districts with additional 911 calls, when not otherwise committed.

Appendix 1- Guidelines for Establishing Ambulance Service

Population of jurisdiction requesting the ambulance service, including tourism and traffic flow.

- Glens Falls Hospital has 391 beds

Does each area have a large enough population base to support a new ambulance service.

Yes, Glens Falls Hospital has a significant patient population and a significant number of discharges each day to justify the provisions of these transporting, non-911 ambulance service.

How many calls for service and how many emergency calls are made in the proposed area.?

Approximately 5-10 per day

Average response time for calls and emergency calls

Likely about two (2) minutes, but all transports will be scheduled in advance when possible.

Mutual Aid ambulance agreements exist?

Mutual aid does not cover this types of non-911 transport services. Our services will cover these calls

Will the Employee of the proposed service have sufficient level of clinical experience for maintaining emergency care?

Yes, all employees presently have adequate experience to perform these transport services. Specialty Care Training is done annually and regulated by The Fort Ann Rescue Squad Medical Director, Specialty Care Training Officer, and Mountain Lakes Regional EMS Council Protocols.

Quality of existing services and how to present conditions affect public convenience.

In the absence of the Fort Ann Rescue Squad, existing services would not be adequate for the purpose of serving Glens Falls Hospital with prompt response time. Some Warren County agencies currently conduct 1-3 per day but lack any additional resources to do more. The Mere fact that we are presently transporting 5-10 patients per day must establish need.

Would opportunities exist for personnel to maintain their level of skill. If any additional ambulance services were added, would the dilution of service call between the ambulance service cause a decay in skill due to inactivity.

Providers of other services would not see a decrease in their skills as there are more than enough calls to be handled outside of Glens Falls Hospital. However, these calls are primarily basic life support calls which require less skill than the average 911 emergency. Advanced Life Support Inter-Facilities require more skill to which the Fort Ann Rescue Squad provides additional training for Specialty Care, which would be open to other agencies and their providers.

Are the existing communication capabilities adequate for maintaining medical control and directing paramedics

Yes, we have radio and phone communications.

How will the ambulance service be financed? Are the financial resources available to the proposed service sufficient for maintaining a full-time service.

Private contracts with the hospital and patient billing will be the primary source of funding.

How will the ambulance service be organized and administrated? Is management capable of performing its duties?

Fort Ann Rescue Squad is a not-for-profit corporation, which is managed by a Board of Directors and an Internal Administrative staff, with oversight from its Medical Director. The corporation has more than adequate experience operating a business as it has provided ambulance service since 1961.

What will be the total cost of the new ambulance service? Are the benefits that the proposed area receives worth the expense?

We anticipate the cost of this service to be approximately \$500,000.00 per year for responding to Glens Falls Hospital. The Fort Ann Resuce Squad believes and has proven over the last two years that non-emergent transfers out of Glens Falls Hospital have provided more than enough revenue to cover operational expenses. Over the last couple years of conducting inter-facilities revenue continues each month to cover payroll of several crews and ongoing operational expense. This encompasses the need for staffing several ambulances per day for this response.

Does public opinion on the proposed area favor the establishment of a new ambulance service.

We have already received letters of support and service requests from skilled nursing facilities, with well more support to come. During our previous attempt for an Expansion of Territory several towns, employees, and members of the public supported the Expansion.

Do local government planning agencies favor establishment of a new ambulance service?

The local government appear to approve of Fort Ann Rescue Squad's provision of ambulance services as their residents need these services. We hope this letter will serve to encourage positive responses from the local government leaders in the form of support letters. All opposition and support will be shared with the Regional Council.

Are there any viable alternatives other than licensing a new ambulance service.

The present system is not working, as transport times for non-911 patients between medical and residential care facilities, and patient treatment, are far too long. Fort Ann Rescue Squad is willing to work with other agencies to move patients, but this does not protect the agency from State and local policies and laws that require an expansion. New York State Department of Health Article 30 has sections that require the Fort Ann Rescue Squad to have a CON to continue present operation, The Centers for Medicaid and Medicare services also require a CON to be able to legally bill a patient. Mutual Aid agreements are not enough, and an expansion is required.

For these reasons, we believe this application supports need.

We therefore ask that you send a letter of support to our attention on behalf of the Fort Ann Rescue Squad, or feel free to submit a letter of concern or opposition.



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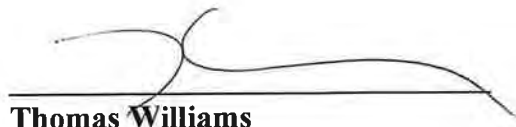
SPECIALTY CARE TRAINING

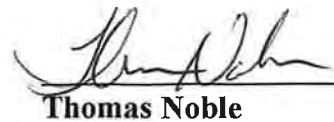
<u>NAME</u>	<u>INITIAL TRAINING</u>	<u>ANNUAL TRAINING (2025)</u>
Hillicoss, Kenneth	Empire Ambulance	Ambulnz Ambulance Co
Lavergne, David	Empire Ambulance	Fort Ann Rescue Squad
Mitchell, Kenneth	Empire Ambulance	Fort Ann Rescue Squad
Noble, Haley	Fort Ann Rescue (LNAM)	Fort Ann Rescue Squad
Noble, Thomas	Fort Ann Rescue (LNAM)	Fort Ann Rescue Squad
Ralston, Glenn	Empire Ambulance	Fort Ann Rescue Squad
Reppert, Kelsey	GAVAC	Fort Ann Rescue Squad

All Providers listed above have completed annual training in 2025 per Fort Drum Regional Health Planning LMS System and are Mountain Lakes Regional EMS Protocol and Medical Director Compliant. All providers listed above are authorized for additional interventions / treatments per Fort Ann Rescue Squad Medical Director Thomas Williams. Additional Skills not found on FDRHPO LMS are listed Below. Initial Fort Ann Rescue training conducted by Life Net Air Methods (Critical Care Paramedic Kevin Roberts)

*** (ATS) Approved by MD, trained and equipped w/ contract signed with GFH Blood Bank awaiting NYS Approval***

<u>FDRHPO SOP MEDICATIONS</u>	<u>MD APPROVED ABOVE FDRHPO SOPS</u>
3% Saline	Cricothyrotomy
Esmolol	Ambulance Transfusion Services***
Furosemide	Propofol
Insulin	Lactatid Ringers
Naloxone	Antibiotics
Nitroglycerin	
Post Intubation Sedation	


Thomas Williams
Glens Falls Hospital
Fort Ann Medical Director


Thomas Noble
Fort Ann Rescue Squad
Chief of EMS

11287 State Route 149
Fort Ann, NY 12827
PO Box 237



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

February 1, 2010

Dear Ambulance Provider:

The Department of Health (DOH) Bureau of Emergency Medical Services (BEMS) has brought instances of ambulance transport policy violations by some Medicaid transportation providers to our attention. Continued participation in the Medicaid program requires that ambulance transportation providers comply with BEMS as well as Medicaid program policies. While your individual company may not be among the violators identified by BEMS, we are sending this letter to all ambulance providers in New York State.

Please be reminded that ambulance providers must comply with BEMS and Medicaid policies, rules, and regulations, including the standards set forth in Article 30 of the Public Health Law (PHL), which governs emergency medical services, as well as Title 18 of the New York Code of Rules and Regulations (NYCRR) §505.10, which governs Medicaid-funded transportation services.

Please review the following areas where the identified violations of policies have occurred and, if necessary, comply as directed.

Territory

Ambulance services are certified to operate in an explicit primary geographic area, or territory. Per Article 30 PHL §3010, an ambulance company may receive patients only within the primary territory specified on the operating certificate, or outside the territory with the exceptions indicated (such as with the approval of DOH and the emergency medical services council to meet an emergency need). Consequently, claims for ambulance services may be submitted only when those services originate within the ambulance services' approved territory of operation or meet the statutorily prescribed exceptions.

If you have any questions regarding the boundary of your primary territory or the exceptions, please contact the Regional Emergency Medical Services or the DOH Bureau of Emergency Medical Services at (518) 402-0996.

Fire Companies

Under the current provisions of New York State General Municipal Law §209-b(4) and Town Law §176; a fire district, a fire department, or any entity incorporated for the

purposes of providing fire protection to a district or municipality, may not charge fees for ambulance services rendered by that fire district. Therefore, such entities may not lawfully enroll and receive provider status from Medicaid for ambulance service. *Please note that the prohibition does not apply to a municipality (county, city, town or village) that possesses PHL §3010 ambulance operating authority.*

If you have questions regarding your status under this law, please contact DOH Bureau of Emergency Medical Services staff at (518) 402-0996.

Billing Advanced Life Support

Advanced Life Support (ALS) services must be provided by an advanced emergency medical technician. If your ambulance service has been certified to provide basic life support, but not ALS services, then you are permitted to submit claims for basic life support services only.

Any questions regarding your ambulance services approved the level of care should be directed to DOH Bureau of Emergency Medical Services staff at (518) 402-0996.

Paramedic Intercept

Paramedic Intercept means EMT-Paramedic services provided by an ambulance service in the situation where a second ambulance service furnishes the basic life support ambulance transport (*Source: 42 Code of Federal Regulations Chapter IV §414.601 10/1/02*). If your agency provides Paramedic Intercept services to another ambulance service, Medicaid should see two distinct bills:

- one from the ambulance service providing the basic life support transport, and
- one from the company for the paramedic intercept.

It is unacceptable for either company to bill Medicaid for both the physical trip and the Paramedic Intercept service.

If you have any questions regarding Medicaid billing procedures, please contact the Medicaid fiscal agent, Computer Sciences Corporation, at (800) 343-9000.

Billing Agents

Due to the complexity of billing insurances for services rendered, many ambulance services have contracted with an outside entity (billing agent) to perform this function. In order for a company to bill Medicaid on your behalf, the billing agent must be enrolled in Medicaid as a "Service Bureau" (18 NYCRR 504.9(g)). Such enrolled entities include, but are not limited to:

- Certified Ambulance Group from Connecticut,
- Multi-Med Billing from Central New York, and

- Med-Ex Billing, Inc. from Western New York.

Although these entities are billing Medicaid on your company's behalf, **the ambulance service is ultimately responsible for any identified inappropriate billing and improper practices.** Therefore, it is imperative that ambulance companies ensure that their contracted billing agent adheres to applicable policies. Further, officers of ambulance services should be aware of Medicaid ambulance policies, contained in the Provider Policy Manual, located at:

<http://www.emedny.org/ProviderManuals/Transportation/index.html>.

Medicaid Enrollment File

Once enrolled, Medicaid providers must maintain with the Medicaid Program accurate address and telephone numbers. To verify the accuracy of your address information, please contact Medicaid Enrollment staff at (518) 474-8161. To update your address file, please complete a "Fee-for-Service Provider Address Change Form", available online at:

<http://www.emedny.org/info/ProviderEnrollment/index.html>.

Additional Questions

Thank you for reviewing these issues and for the important role your ambulance service provides in the delivery of Medicaid transportation services. Questions related to Medicaid transportation policy should be directed to Medicaid Transportation Policy staff at (518) 474-5187, or via email to MedTrans@health.state.ny.us.

Sincerely,



Gregory S. Allen, Director
Division of Financial Planning and Policy
Office of Health Insurance Programs

Ambulance services are granted operating authority by the NYSDOH. Ambulance services whose operating authority has been revoked by the NYSDOH will be disenrolled from the Medicaid program, thus precluding Medicaid payment.

Information regarding NYSDOH ambulance certification is located online at:
<https://www.health.ny.gov/professionals/ems/>

Rules for Requesting Non-Emergency Ambulance Transportation

A request for prior authorization for nonemergency ambulance transportation must be supported by the documented order of a practitioner approved by the Department or prior authorization official. All requests for ambulette and non-emergency ambulance transportation must include a written form verifying MA transportation abilities as specified by NYSDOH.

A diagnostic and treatment clinic, hospital, nursing home, intermediate care facility, long term home health care program, home and community-based services waiver program, or managed care program may order non-emergency ambulance transportation services on behalf of the ordering practitioner.

The ordering practitioner must document in the enrollee's patient record the condition which necessitates the practitioner's ordering of a particular mode of transportation.

An ordering practitioner, or facilities and programs ordering transportation on the practitioner's behalf, which do not meet these rules, may be sanctioned according to the regulations established by the NYSDOH.

National Provider Identifier

Ambulance providers must obtain and register a national provider identifier (NPI).

For emergency claims, ambulance providers must identify themselves as the service provider via their NPI.

For non-emergency prior authorizations and claims, ambulance providers will be identified via **either** their eight-digit Medicaid identification number or NPI.

An ambulance service may provide ambulette in addition to ambulance services; however, each ambulance vehicle must meet staffing and equipment regulations of a certified ambulance **at all times**, including occasions when an ambulance vehicle is used as an ambulette.

*** Territory**

Ambulance services are certified to operate in an explicit primary geographic area, or territory. Per [Article 30 PHL §3010](#), every ambulance service certificate or statement of registration issued under this article shall specify the primary territory within which the ambulance service shall be permitted to operate. An ambulance service shall receive patients only within the

primary territory specified on its ambulance service certificate or statement of registration, except:

- (a) when receiving a patient which it initially transported to a facility or location outside its primary territory;
- (b) as required for the fulfillment of a mutual aid agreement authorized by the regional council;
- (c) upon express approval of the department and the appropriate regional emergency medical services council for a maximum of sixty days if necessary to meet an emergency need; provided that in order to continue such operation beyond the sixty day maximum period necessary to meet an emergency need, the ambulance service must satisfy the requirements of this article, regarding determination of public need and specification of the primary territory on the ambulance service certificate or statement of registration; or
- (d) an ambulance service or advanced life support first response service organization formed to serve the need for the provision of emergency medical services in accordance with the religious convictions of a religious denomination may serve such needs in an area adjacent to such primary territory and, while responding to a call for such service, the needs of other residents of such area at the emergency scene.

Nothing contained in this section shall be construed to prohibit any ambulance service authorized by its governing authority to do so from transportation any sick or injured resident of its primary territory from any general hospital or other health care facility licensed by the Department, whether or not such general hospital or health care facility is within the service's primary territory, to any other general hospital or health care facility licensed by the Department for further care, or to such resident's homes.

In instances where no ambulance service possessing NYSDOH operating authority is able or willing to accept a trip, the Broker will by necessity, and by the authority granted the Department under the Mutual Assistance Plan of January 2, 2018, solicit assistance from an ambulance service that does not currently have operating authority.

Questions regarding a company's primary territory can be addressed by contacting the NYSDOH Bureau of Emergency Medical Services at (518) 402-0996.

Source: [February 2010 Ambulance Policy Reminder Letter](#)

Basic Life Support (BLS) and Advanced Life Support (ALS)

In NYS, pre-Hospital care is delivered at either the basic life support (BLS) or advanced life support (ALS) levels. At times, a basic life support ambulance may encounter a seriously ill or injured patient who is in need of advanced life support care.

In these instances, the basic life support ambulance will often solicit assistance from either another ambulance service, which is approved to provide advanced life support care, or from an advanced life support first response service (ALSFR), which is a non-transporting entity that is also authorized by the NYSDOH to provide ALS care.

Only the **transporting** ambulance service may bill the Medicaid program (ALSFRs are prohibited from enrolling as Medicaid providers).

Policy for Ambulance Services Cooperating with ALS Ambulance Services, or ALSRFs, to Provide ALS Care:

BLS Ambulance services that have a cooperative arrangement with an ALSFR, or with an ALS ambulance service shall, in the event of a cooperative emergency response where ALS services are provided to the patient, be allowed to submit a claim for ALS and share the Medicaid reimbursement with the ALSFR or ALS ambulance service.

As a precondition to reimbursement at the ALS fee, such ambulance services must:

1. Complete and submit to the Department the following form to effectuate affirmation of contract/agreement in place between ALSFR, or ALS ambulance service, and the transporting ambulance service to the Department.
2. Retain copies of any such contracts/agreements to be presented upon request to Department officials.
3. Ensure that the ALSFR, or ALS ambulance service, maintains a copy of the same agreement to be presented upon request of Department officials.
4. Ambulance services certified for basic life support only will submit claims for ALS service when ALS service is rendered by the ALSFR, or ALS ambulance service, and reimburse the ALSFR, or ALS ambulance service according to the contract/agreement.
5. Only ambulance services that have submitted affirmation of contract/agreement to the Department will be allowed to submit a claim for ALS rendered by an ALSFR.
6. For auditing purposes, maintain complete records, including, but not limited to, claims, contracts/agreements and the amount paid to the ALSFR, or ALS ambulance service.

Source: [September 2010 Medicaid Update](#)

Ambulance companies may **not** bill for both Basic Life Support (BLS) and Advanced Life Support (ALS) services when ALS is provided. The provision of ALS services **includes** the delivery of BLS services. Therefore, when an ambulance is sent to the scene of an emergency, and personnel provide ALS transportation services, only the ALS service may be billed to the Medicaid program.

Source: [November 1999 Medicaid Update](#)

ALS services must be provided by an advanced emergency medical technician. If an ambulance company has not been properly certified to provide ALS services to patients, then the company may not bill Medicaid for ALS services.

Questions regarding an ambulance services' approved level of care can be addressed by the NYSDOH Bureau of Emergency Medical Services staff at (518) 402-0996.

Specific Transportation Scenarios

SECTION 3010

Area of operation; transfers

Public Health (PBH) CHAPTER 45, ARTICLE 30

§ 3010. Area of operation; transfers. 1. Every ambulance service certificate or statement of registration issued under this article shall specify the primary territory within which the ambulance service shall be permitted to operate. An ambulance service shall receive patients only within the primary territory specified on its ambulance service certificate or statement of registration, except: (a) when receiving a patient which it initially transported to a facility or location outside its primary territory; (b) as required for the fulfillment of a mutual aid agreement authorized by the regional council; (c) upon express approval of the department and the appropriate regional emergency medical services council for a maximum of sixty days if necessary to meet an emergency need; provided that in order to continue such operation beyond the sixty day maximum period necessary to meet an emergency need, the ambulance service must satisfy the requirements of this article, regarding determination of public need and specification of the primary territory on the ambulance service certificate or statement of registration; or (d) an ambulance service or advanced life support first response service organization formed to serve the need for the provision of emergency medical services in accordance with the religious convictions of a religious denomination may serve such needs in an area adjacent to such primary territory and, while responding to a call for such service, the needs of other residents of such area at the emergency scene. Any ambulance service seeking to operate in more than one region shall make application to each appropriate regional council. Whenever an application is made simultaneously to more than one regional council, the applications submitted to the regional councils shall be identical, or copies of each application shall be submitted to all the regional councils involved.

2. No ambulance service certificate shall be transferable unless the regional council and the department reviews and approves the transfer as follows:

a. Any change in the individual who is the sole proprietor of an ambulance service shall only be approved upon a determination that the proposed new operator is competent and fit to operate the service.

b. Any change in a partnership which is the owner of an ambulance service shall be approved based upon a determination that the new partner or partners are competent and fit to operate the service. The remaining partners shall not be subject to a character and fitness review.

c. Any transfer, assignment or other disposition of ten percent or more of the stock or voting rights thereunder of a corporation which is the owner of an ambulance service, or any transfer, assignment or other disposition of the stock or voting rights thereunder of such a corporation which results in the ownership or control of ten percent or more of the stock or voting rights thereunder by any person, shall be approved based upon a determination that the new stockholder or stockholder proposing to obtain ten percent or more of the stock or voting rights thereunder of such corporation is competent and fit to operate the service. The remaining stockholders shall not be subject to a character and fitness review.

d. Any transfer of all or substantially all of the assets of a corporation which owns or operates a certified ambulance service shall be approved based upon a determination that the individual, partnership, or corporation proposing to obtain all or substantially all of the assets of the corporation is competent and fit to operate the service.

e. Any transfer affected in the absence of the review and approval required by this section shall be null and void and the certificate of such ambulance service shall be subject to revocation or suspension.

3. Nothing contained in this section shall be construed to prohibit any voluntary ambulance service authorized by its governing authority to do so from transporting any sick or injured resident of its primary territory from any general hospital or other health care facility licensed by the department, whether or not such general hospital or health care facility is within the service's primary territory, to any other general hospital or health care facility licensed by the department for further care, or to such resident's home. Nothing contained in this section shall be construed to prohibit any proprietary ambulance service authorized by its governing body to do so from transporting any sick or injured patient from any general hospital or other health care facility licensed by the department whether or not such general hospital or health care facility is within the service's primary territory, to any other general hospital or health care facility licensed by the department within the service's primary territory for further care, or to such patient's home, if such patient's home is within its primary territory. Any ambulance service owned by or under contract to a general hospital licensed by the department may transport any specialty patient from any other general hospital or health care facility licensed by the department to the hospital owning such ambulance service, or with which it has a contract. Categories of specialty patients shall be defined by rule by the state emergency medical services council, subject to the approval of the commissioner.

4. No ambulance service certificate of an ambulance service which has discontinued operations for a continuous period in excess of thirty days shall be transferable without the approval of the appropriate regional



FORT ANN RESCUE SQUAD INC.

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- Email Sent on 14/OCT/2024
- Email sent by: Chief Noble, Thomas (Fort Ann Rescue Squad, Chief)
- Email sent to the Following: Queensbury EMS, Warrensburg EMS, West Glens Falls EMS, Moreau EMS, Argyle EMS, Cambridge EMS

Good Evening Chiefs & Captains,

My name is Thomas Noble, and I am the Chief of the Fort Ann Rescue Squad. I wanted to reach out to all the local agencies currently conducting non-emergent transfers out of the Glens Falls Hospital. I would like to open a dialogue and discussion about our upcoming Certificate of Need (CON) application.

As some of you may recall, the Fort Ann Rescue Squad recently attempted to file for an expansion of our primary operating territory, but it was unsuccessful due to minor issues with our application. The first attempt faced opposition and confusion about DOH Article 30 and the need for a CON. I wanted to discuss the possibility of all or even some of us filing for a CON simultaneously to become legal.

There was some confusion about the last application regarding DOH Article 30 Section(s) 3005, 3008, and 3010. While it's true that the Department of Health (DOH) may not require a CON for some agencies that are not routine, consistent, and predictable in their volume, the Center for Medicaid/Medicare Services (CMS) per DOH Article 30 3010 does require a CON to be able to legally bill a patient when you are not providing mutual aid.

The NYS Systems Committee recently provided a description of mutual aid, stating that when an agency provides a routine and predictable service, it is no longer providing mutual aid.

The Fort Ann Rescue Squad specifically staffs ambulances every day, making us predictable. We have provided nearly 1400 inter-facilities this year, so we are routine and no longer providing mutual aid, requiring a CON. The Fort Ann Rescue Squad still maintains its stance of supporting publicly any agency that wants to expand its territory. I hope you would do the same with the explained requirements to CMS. I am hoping for dialogue on this topic and the possibility of filing simultaneously. If this interests you, let's discuss it further.

Thanks

Thomas Noble
Chief of EMS
Fort Ann Rescue Squad
NYS/NR Paramedic
(518) 480-8127

Fortannrescue.org

11287 State Route 149
Fort Ann, NY 12827
PO Box 237



Fort Ann Rescue Squad Inc

11287 State Route 149
Fort Ann, NY 12827
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BY-LAWS

Established	1961
Revised	Sept 1961
Revised	March 2000
Revised	Dec 2005
Re-Written	April 2020
Revised	July 2022
Revised	March 2023
Updated	April 2023
Updated	June 2024
Authors:	Jane Griffiths
	Robert Griffiths
	Haley Noble
	Thomas Noble
	Regina Ladd

FORT ANN RESCUE SQUAD INC.

11287 State Route 149

PO Box 237

Fort Ann, NY 12827

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ARTICLE I - Name

Section 1: The name of the corporation shall be, Fort Ann Rescue Squad, Inc. or "FARS" for abbreviation.

Section 2: Fort Ann Rescue Squad Inc. Shall be located at 11287 State Route 149, Fort Ann New York 12827.

ARTICLE II - Objective

Section 1: The objective of this organization shall be: "Preservation of life through caring for our community". This corporation shall not be for pecuniary profit or financial gain, and no part of the corporation assets, income or revenues shall be distributed to, or be directed to the benefit of its members, directors or officers except to the extent permitted under the Not-for-Profit Corporation Law of the State of New York and the laws of the United States of America.

ARTICLE III - Purpose

Section 1: The Fort Ann Rescue Squad Inc., will provide Emergency Medical service primarily as defined by its contractual relationship with the Town and Village of Fort Ann, and surrounding communities when requested as shown on a map now on file or subsequently revised and re-filed with the County of Washington and State of New York; and as may be amended from time to time.

Section 2: To provide a non-profit Emergency Medical service for individuals within the Village and Town of Fort Ann, and Mutual Aid districts as requested.

Section 3: To acquire and own, or lease, ambulance, emergency or rescue apparatus for use by the corporation and its members in pursuant of corporate tasks, for the protection of individuals within the Town and Village of Fort Ann and mutual aid districts as requested.

Section 4: To lease, purchase, mortgage or otherwise acquire or dispose of such real or personal property as may be necessary to the purpose of this corporation.

ARTICLE IV – Board of Directors

Section 1: The Executive Board of Directors of the corporation shall consist of eight (8) individuals namely, President, Vice President, Secretary, Treasurer, Four (4) elected Board members all holding one vote.

- a. Quorum of the Board Meeting to held shall be five (5) voting members of the Board of Directors
- b. When quorum is met, and the President is present at the Board Meeting, the Vice President does not hold a vote.
- c. If the President is not present at the Board Meeting, the Vice President shall be chairperson of the meeting and hold a vote.

Section 2: The Chief of FARS shall be present at all board of directors meeting, holding a voice but not vote.

ARTICLE V – Corporate Profit

Section 1: No part of any revenue received by the corporation shall inure to the individual benefit of any member, trustee, director, officer of the corporation, or any private individual (except that reasonable compensation may be paid for services rendered to or for the corporation), and no member, trustee, officer of the corporation, director, or any private individual shall be entitled to share in the distribution of any of the corporate assets on dissolution of the corporation.

.

ARTICLE VI - Dissolution

Section 1: In the event of dissolution of the corporation, all remaining assets and property of the corporation shall be disposed of in accordance with existing Federal, State, and local Statutes rules and regulations.

ARTICLE VII - Membership

Section 1: Qualifications of membership, all members shall meet the requirements of this section.

- a. Applicant must be 18 years of age by the date of the meeting during which his/her application for probationary membership will be considered and voted on.
- b. Applicant must complete the current, written application for membership. The application is to be submitted to the Investigation Committee for review and then turned over to the Board of Directors within thirty days (30).
- C. After reviewing the application and interview notes the Board of Directors must submit a recommendation to the membership at the next regular monthly meeting. A majority vote, by secret ballot, will be necessary to approve or deny an individual's application.

Section 2. Junior Membership-add

- A. To Qualify for Junior membership, he/she must be between the age of fifteen and eighteen years of age.
 - a. Consent form must be signed by legal guardian.
- B. Junior members are required to complete eight (8) hours of squad duty a month.
 - a. Junior members must schedule duty, they are not allowed to just show up to the building without prior approval of the Chief or his designee. The exception to this rule will be if the Junior member is going to a call with a parent or legal guardian and is a member.
- C. Junior members must obtain a valid CPR Card within 120 days of membership.
 - a. It is the responsibility of the junior member to keep a valid CPR Card.
- D. Junior members shall be always in proper squad uniform while on duty.

- E. During Calendar school year junior members are not permitted to pull duty on a weekday after 9pm
 - a. Every Quarter during the calendar school year junior members are required to produce to the captain or his/ her designee a Report card.
 - i. If a junior member is falling below school minimum requirements a meeting will be held with the junior members legal guardian and the Junior member advisor to discuss membership status until passing grades can be obtained.
- F. Junior members will be required to attend at minimum four (4) monthly meetings each year.
 - a. If Junior members revert to their own bylaws reaching more than 5 members, they will hold their own meetings with the captain or his designee present following their by-laws.
 - b. If the Fort Ann Rescue Squad has more than five (5) junior members, the Junior members will revert to the Junior By-Laws Set Forth by the Bylaw Committee and approved by the BOD and the membership.
 - c. A Juniors Captain will be elected from within the junior ranks who will then in return be the point of contact to the Junior member advisor.

Section 3. Probationary Period: All Members must complete their probationary period listed below, before full membership can be voted upon.

- A. The probationary period begins the day after acceptance into FARS and will continue for a period of six months.
 - a. Probationary member(s) will be re-evaluated every 30 days up to the first three months by the Board of Directors, with a recommendation each month to the Membership.
 - i. After each recommendation of the probationary period the membership guided by a recommendation from the board of directors will vote to either proceed the probationary member to the next 30 days or to end the Probationary member(s) membership.
- B. A new member who has not attained certification as an on-line Agency provider, (EVO or EMS) will be classified as an Ambulance Attendant

- C. Probationary members will be assigned a change to Field Training Officer (FTO).
- D. A review by the Board of Directors is required and a recommendation will be made to determine membership status at the end of member's probationary period. The Board of Directors has the authority to set review period and make recommendations to the membership concerning extensions or shortenings of the probationary period as outlined in Article 10, Section 3.
 - a. Probationary members may not hold but will be allowed to vote for any elected position. Change to: Probationary Members may not hold an elected position unless voted upon by the membership with a 2/3 vote of present quorum if no one else is interested or qualified for said position. Probationary members if elected to a position then hold a vote. Probationary members do not hold a vote on elected positions until they have surpassed their first 90 days.
 - b. Any probationary member, who resigns in good standing, may request reinstatement by the membership within one year (12 Months) of resignation.

Section 3. Types of Membership All members will be assigned by the Chief one of these positions listed below once probationary period has ended. Except for Ancillary membership which is determined only by the chief(s)

- a. Emergency Vehicle Operator (EVO)
- b. Emergency Medical Service Provider (EMT, AEMT, CCT, Paramedic)
- c. Attendant (Observer)
- d. Life Member (Active or Inactive)
- e. Ancillary Member
- f. Administrative
- g. Junior Member

Section 4: Emergency Vehicle Operator: Must be 18 Years of age and hold a valid NYS Driver's License. Must be cleared to drive by the Chief or change to his/her designee of FARS, Emergency Vehicle Operator course recommended. Shall not have had a DWI or DWAI Conviction within the last 5 years. He/she must have the

approval to drive by either the Agency's insurance carrier or the Chief. He or she shall have a valid CPR Qualification.

Section 5: EMS Provider: - He/She must maintain EMS certification to maintain EMS provider status. All online providers are subject to Chiefs approval.

Section 6: Attendant: Must be 18 Years of age and possess a valid CPR Qualification. Can ride the ambulance as a third but cannot complete a duty crew. Not able to drive an ambulance.

Section 7: Life Member: After ten (10) years of accrued service, except for an approved personal leave, a member may apply for Life Member status. The personal leave will be subtracted from said member's years of service. A member granted this status may be carried on the membership roster until his/her death or resignation. He/she must have met the requirements of membership needed to remain in good standing during the previous calendar year prior to submitting his/her written request for status change, unless that member has suffered a disability which has kept him/her from performing (said) duties. Life members will also be granted the same privileges as active members. Life Member status must be voted on by the membership and accepted by a simple majority vote.

- a. Active Life: Active Life members have all the same privileges as an active member.
- b. Inactive Life: Inactive life member have no vote and are not allowed to ride the ambulance but may attend meetings.
- c. Life members may go inactive at any time with a written letter to either the President or the Chief with final approval.
- d. Life members may become active only with the approval of the Chief or President or Board of Directors.
- e. Life members must be active for ninety (90) days to hold a vote.
- f. Active Life members shall meet duty requirements to hold a line officers' position.

Section 8: Ancillary Membership:

A. This type of membership does not require a membership vote or a probationary period. These members are not required to meet the agency duty requirements.

- a. Ancillary members are required to meet the requirements of the Ancillary SOP set forth each year by the captains.

Section 9: Administrative Membership: This type of membership is for Executive positions only. Administrative members may not be Ancillary members but are still required to hold a valid CPR card. Administrative members may ride the ambulance as observers only.

Article VIII – Membership Requirements

Section 1: EVO/EMS Provider: Members must meet the following requirements during each calendar year to retain active membership and remain in good standing

- a. No suspensions within the previous 12 months.
- b. Must perform a minimum of twelve (12) scheduled duty hours per month, or a minimum of one hundred and forty-four (144) total hours per year.
- c. The required twelve (12) will be evaluated monthly
- d. Members must attend six (6) meetings annually to be able to run for office and vote
- e. All excusals must be approved by the President or his/her designee
- f. All excusals must be in writing to include one of the following: paper copy, text message printed and put in member file, email printed and put in member file Add in d, e, and f
- g. Legal excuses include work, vacation, illness or family illness.
- h. Zoom meeting will count for only 50% of meeting total. While on Zoom if at another agency must be alone in the room and be wearing earbuds for the duration of the meeting. Someone must sign the member on the sign in sheet.

Section 2: Attendants: Observers must meet the following requirements during each calendar year to remain in good standing.

- a. Must perform a minimum of change to twelve (12) scheduled duty hours per month, or a minimum of change to one hundred and forty-four (144) total hours per year
- b. The required ninety-six (96) change to twelve hours (12) will be evaluated monthly
- c. No suspensions within the previous 12 months.

Section 3: Member in good standing to be defined as:

- a. No suspension in previous 12 months
- b. Maintain duty requirements
- c. Duty Requirements will be evaluated monthly. If not met the following will occur
 - a. First offense: Documented Verbal Counseling
 - b. Second offense: Documented Verbal warning
 - c. Third Offense: Documented written warning
 - d. Fourth Offense: Suspension with Board Review, with possible disciplinary action
 - e. Fifth Offense Membership Review with Possible Termination
- d. Members that have been unable to schedule duty and are now considered "not in good standing", will have the opportunity to return to the status of "member in good standing" by the following criteria:
 - a. Schedule the duty hours missed immediately following the last unscheduled month. The total # of duty hours owed must be completed within 30 days immediately following the last unscheduled month. The captain will review and confirm said duty was scheduled and completed.
- e. A letter will then be put in the members personnel file stating return to good standing. This status change will be allowed one time only per calendar year.

Article IX - Training

Section 1: Any member attending training courses that requires funding must be pre-approved by the BOD up to \$1,600.0, anything requiring more shall go to membership for approval. Said member will enter into a contract for training (see Appendix After successfully completing a training course, the member shall provide the Training Officer with a copy of any certificate presented to the member after completing the course. The Training Officer shall keep an updated, written record of training of each member including, but not limited to: First Aid, CPR, Certified First Responder, EMT, AEMT, and instructor ratings. All records for Members must be maintained by the training officer and if the member does not comply with all paperwork, the training officer shall seek assistance from the Chief to prevent the member from participating in patient care.

Section 2: Outside training will not count as a squad drill, unless it is pre-approved by the Captain\Training Officer.

Article X - Voting

Section 1: Only active member in good standing shall vote in elections for offices or regular meeting.

Section 2: During an election of an officer where there are more than three (3) nominees to be voted on, a run-off will occur between the top two (2) nominees. If one candidate has majority vote of all votes cast, run off is not required.

Section 3: Probationary members must be past their 90-day period to able to vote.

Section 4: Inactive life members are not able to vote.

Section 5: Active life members can vote but must be active for 90 days prior to the annual elections.

ARTICLE XI

Officers and Their Selection

Section 1. The elected executive administrative officers shall consist of: President, Vice President, Secretary, and Treasurer.

Section 2. The elected line of operational officers shall consist of: Chief, Deputy Chief, Captain, Lieutenant

Section 3. The elected BOD officers shall consist of four (4) at-large members of the Board of Directors along with the Chief and President.

Section 4. The term of each executive and line office, except for the office of Chief, President and Board of Director shall be for one (1) year from the date of the Annual meeting. The offices of Chief and President will be for two (2) years from the date of the Annual meeting. Elections for the President and Chief will be on alternating years. The offices of the At-large members of the Board of Director shall be for three (3) years from the date of the Annual Meeting on a rotational basis. In the event of failure to fill an office at the Annual Meeting, the current officer shall remain in office until his/her successor is chosen. A vacancy in any office may be filled by election at any regular meeting. That officer shall serve in that office until the expiration of the term.

Section 5. All contested offices shall be filled by paper ballot by a majority vote of members present. Election of line officers shall precede the election of executive officers. Uncontested officers may be filled by an on (1) vote ballot cast by the secretary upon closing of the office nomination.

Section 6. Installation of officers: Each officer, either newly elected or re-elected, shall assume the duties of his/her office immediately following the election meeting. Any officer who is not re-elected shall turn in all equipment specific to that position after the close of that meeting or within seven (7) days after the election

Vehicle mounted equipment may be professionally removed but must be scheduled within 7 days of change over.

Section 7. Any officer, line or executive who is unable to retain his/her “good standing” status will be removed from their position by the BOD immediately and will be ineligible to run for office at the next election. (see article 8, Section 4). If the vacated position is an elected position, that position will be filled by simple majority vote at the next meeting per Article 12. Appointed positions will be re-appointed after consideration by the administrative CEO or Chief at their discretion.

Section 8. If a line, appointed, or administrative officer goes out on a leave of absence for more than to thirty (30) days, they must resign from their current position the day said leave starts. The exception to this will be a medical leave that will be no longer than 3 months in length. A Doctors note must be presented to the Chief or President regarding said leave, stating the length of the leave and any restrictions during the leave or upon returning to active status.

Any officer that goes on leave and must resign their position, will be eligible to run for office at the next election as long as they remain in good standing per (Article 8, section 4) also reference (Article 9 section 7)

ARTICLE XII

Duties and Powers of the Board of Directors

Section 1. Review contractual agreements.

Section 2. Investigate applications for membership if an Investigation Committee is not present.

Section 3. Review probationary membership(s). At the end of the probationary term the Board of Directors will make a recommendation to the membership concerning the status of the member. The Board may also set review periods during the probationary period (including meeting with the probationary member). Recommendations for the extensions, expulsions (dismissal) or early termination of the probationary period before the end of six months are also within the prevue of the Board.

Section 4. Review applications for Life Membership and make recommendations to the membership.

Section 5. Review individual membership records in November to determine which members (if any) have failed to meet the requirements for active membership. Members in this category will be contacted by the President. A recommendation will be made to the membership, at the next available meeting

Section 6. On a quarterly basis, investigate those members who (after having been identified by the Chief) fail to meet the qualifications of “EVO” or “EMS Provider”. A recommendation will be made to the membership at the next available meeting.

Section 7. Present to the membership, at regular meetings prior to the November regular meeting, a list of those candidates who are willing and qualified to run for elected office positions.

Section 8. The senior member, with the most consecutive years of service, as a Board member, out of the three (4) at Large Board of Director members will preside at any meeting for which the President or Vice President are unavailable.

Section 9. Provide one member to sit on any appeal hearing in accordance with the disciplinary process.

Section 10. Investigate any member who has been identified as a possible candidate for expulsion. A recommendation will then be made to the membership at the next regular or special meeting.

Section 11. The Board of Directors is responsible for review of all Administrative policies and guidelines with the final approval by the membership.

Section 12. The Board of Directors shall have the power to approve any expense up to (\$500.00) within the approved yearly budget. Any expense above 500 dollars (\$500.00) shall be reviewed by the Board of Directors and shall require approval of the membership except for operational medical supplies and equipment which shall be capped at one thousand dollars (\$1,000.00).

Section 13. It is the duty of the Board of Directors to safeguard all property’s building and grounds and keep them in working order.

ARTICLE XIII

Duties and Powers of Officers

Section 1. President/Chief Executive Officer (CEO): The President shall guide the membership in the enforcement of all by-laws, rules, regulations and Administrative SOG's. It is his/her responsibility to oversee all administrative and fiscal operations of the organization. Unless otherwise provided, he/she shall appoint all committees, and positions as defined in the bylaws. The President shall be an ex-officio member of all committees. He/She is responsible for the discharge of the duties of the executive officers. He/She shall be responsible for all building, grounds and all property real or personal of the Rescue Squad.

Section 2. Vice President: The Vice President shall assist the President in the discharge of his/her duties of office. In the absence of the President, the Vice President shall assume the duties of the President.

Section 3. Secretary: It shall be the duty of the secretary to keep record of attendance and proceedings of all meetings of the squad and its Board of Directors. He/She shall also keep all books, records and correspondence pertaining to the office in accordance with the administrative policy.

A. Assistant Secretary: It shall be the duty of the Assistant Secretary to keep a record of attendance and proceedings of all meetings of the squad and its Board of Directors in the absence of the secretary.

- a. This position is filled at the annual elections but may be left open if the membership feels the position is not needed at the time
- b. This position only holds a vote in the absence of the secretary.

Section 4. Treasurer: It shall be the duty of the Treasurer to see to the day to day paying of squad bills and accounting records. The treasurer and either the president or Vice President will co-sign all checks from the general account. The treasurer will be responsible for the recording of all squad funds. All functions will be in accordance with the administrative policy.

- a. All duty's listed above shall be the responsibility of the treasurer unless outside parties are not contracted to pay bills and file reports on agency's behalf.

Section 5. Chief/Chief of Operations (COO): The (Chief) shall oversee all operational activities, equipment and oversee both the elected and appointed operational officers ensuring they are performing their assigned duties. It shall be his/her duty as Chief Line Officer of the Squad to ensure attendance at all county-based EMS meetings. The Chief shall also be responsible for the distribution and initiation of all operational guidelines. In developing these directives, the Chief shall have the option of utilizing a committee of his/her designation. The Chief shall further be responsible for ensuring that an adequate supply of necessary equipment is always available. The equipment, always, shall be appropriate, duly maintained and functional. All squad vehicles should constantly be kept in proper operating order. The Chief at the first regular meeting following the Annual Meeting shall appoint an

- ALS Coordinator
- BLS Coordinator
- Vehicle Supervisor
- Training officer
- Narcotics Officer
- Assistant Narcotics Officer
- Health and Safety Officer
- Paid Staff Supervisor (Possibly Two)
- Transport Supervisor
- Operational Captain
- Operational Lieutenant
- Operational (Paid Staff Captain & Lieutenant)

- a. The Chief can appoint a Volunteer or Paid Staff to oversee said appointed positions listed above. The Chief can delegate said tasks as needed to line officers if needed.
- b. See Section 12 Of this Article for proper appointment of Operational Lieutenant and Captains by the Chief
- c. It is the responsibility of the Chief to attend required REMAC meetings and report any information as needed to the REMAC Board. It is the responsibility of the Chief to attend required SEMAC, REMAC, County, and any other meeting where our medical director asks/requires

Section 6. Deputy Chief: The Deputy Chief will perform all duties assigned by the Chief and shall perform all duties of the Chief in his/her absence. The Deputy Chief is required to attend all meetings that the Chief is required to attend and should understand his/her commitment to his/her position

Section 7. Captain & Lieutenant: It shall be the duty of the Captain & Lieutenant to perform all duties assigned by the Chief. The Captain & Lieutenant are required to attend a monthly meeting of the Operational Officers

Section 8. ALS Coordinator: It shall be the ALS Coordinators main function, under the direction of the Chief to see that the Squad adheres to all QA/QI policies as directed by the REMAC and Regional Council. He/she will report any deficiencies to the Chief for further actions/training. In addition, the ALS Coordinator shall perform all duties as assigned by the Chief. It is the responsibility of the ALS Coordinator if assigned by the captain to keep a working order of all ALS Supplies, and keep record of all.

Section 9: BLS Coordinator: The BLS Coordinator, under the direction of the Chief, shall assist the ALS Coordinator in the performance of his/her duties and oversee that BLS QI is complete. He/she will report any deficiencies to the ALS Coordinator and Chief for further action/training. In addition, the BLS Coordinator shall perform all duties as assigned by the chief. It is the responsibility of the BLS Coordinator if assigned by the chief to keep a working order of all BLS Supplies and keep a record of all.

Section 10. Health and Safety Officer: (as outlined in new DOH Policy Statement 13-02) He/She, under the direction of the Chief and President shall oversee the

development of a health and safety program. His/her responsibility may include but not be limited to:

A. Advocate for safe practices and procedures to better protect providers, patients and the public. He/she shall be accountable for keeping abreast of safety issues and trends involving safety and wellness.

B. Stay current with regulatory standards that apply to EMS. They should be well versed with infection control practices and knowledgeable on the hazards of disease and illness. He/she should provide information about workplace hazards and update members on what protective practices and equipment are available to reduce incidents from occurring.

C. the Health and Safety Officer shall investigate any accident, injury or near miss and provide a written report of the findings to the Chief and President so appropriate paperwork can be filed and submitted to insurance carriers, etc.

D. Shall report any incidents, i.e. medical equipment malfunction, vehicle crashes with serious injuries, etc. to the Chief

E. Responsible for following all other guidelines as set forth by DOH Policy Statement 13-02 In order to hold any appointed/elected position, members who are qualified, must be at a minimum an on-line EMT with this agency. If for any reason he/she loses their certification, he/she shall be removed immediately from that position.

SECTION 11: Narcotics Officer – The Narcotic's officer will keep an accurate and up to date inventory of all narcotics within sub stock of the Fort Ann Rescue Squad. All SOPS pertaining to Narcotics will be strictly enforced by the Narcotics officer. The Narcotics officer every month will do a monthly inventory of all sub stock. If any deficiencies are found, they are to be reported immediately to the Captain. The Narcotics officer will complete and turn over all NYS required Narcotics reports annually or semiannually. All Records will be kept up to date and in the Officers office at all times, unless permission to remove is granted by the Chief.

Section 12: Appointment of Officers by Chief- The Chief of the Fort Ann Rescue Squad may appoint two officers from the ranks of Paid Staff to fill a Captains Position and a Lieutenants Position as needed.

- a. At the First Operational Officers' meeting following the annual meeting, the Chief may make a recommendation to the elected officers for the appointment of one (1) Captain & one (1) lieutenant.
- b. All Elected Operational Line Officers and the President shall cast a vote, there must be a majority vote of those present for each recommended appointment for it to pass.
- c. Paid staff providers holding a Captain or Lieutenants position, will said position for the remainder of the Chiefs term.
 - I. The Chief may remove the Paid Staff provider from the appointed position with a majority vote of the elected line officers and the President.
- d. If a new Chief is elected at the annual meeting, any appointed position will be vacated until a new appointment can be made.
- e. The Paid Staff Operational Position (Captain or Lieutenant) does not have to be filled, and if the Chief chooses, he may leave one or both empty.
- f. The chief may assign Leadership or Position related assignments to Paid Staff Officers that must be completed within the first month of appointment.
 - II. Previous leadership or position related knowledge may count and replace required classes with the Chiefs Approval

ARTICLE XIV

Qualifications for Becoming an Elected Officer.

Section 1: President: Must have twelve Months of continuous membership occurring immediately before the date of this election and a member in good standing. Must complete an approved Leadership Course as outlined in Section 12 Add

Section 2: Vice President: Must have twelve Months of continuous membership occurring immediately before the date of this election and a member in good standing. Must complete an approved Leadership Course as outlined in section 12 Add

Section 3: Secretary: Must have twelve Months of continuous membership occurring immediately before the date of this election and a member in good standing.

Section 4: Treasurer: must have twelve months of continuous membership occurring immediately before the date of this election and a member in good standing. Must be willing to become proficient in the financial program currently in use by the Fort Ann Rescue Squad.

Section 5: BOD: must have six months of continuous membership occurring immediately before the date of this election, and a member in good standing.

Section 6: Chief

- A. must have to 36 Months of continuous membership occurring immediately before the date of this election, a member in good standing.
- B. maintain current Cardiopulmonary Resuscitation (CPR) and current Emergency Medical Technician (EMT) certification.
- C. He/she must be at a minimum, an online EMT with this agency and have held a Deputy Chief position at Fort Ann Rescue Squad for a minimum of 12months.
- D. Chief must have completed an approved Leadership Course as outlined in section 12
 - a. Chief must take an additional 4 hours of Leadership courses during term.
- E. Chief must have completed an approved Public Affairs Course as outlined in section 12
 - a. Chief shall annually during his term take an additional six hours of approved course that deals with public relations/finances during term.

Section 7: Deputy Chief

- A. **Deputy Chief** must have twelve months of continuous membership occurring immediately before the date of this election, and member in good standing. Must have twenty-four (24) months

- a. Maintain current Cardiopulmonary Resuscitation (CPR) and current Emergency Medical Technician (EMT) certification.
 - b. He/she must be at a minimum, and on-line EMT with this agency and have held a Lieutenant position at Fort Ann Rescue Squad for a minimum of 24 months
 - c. Must take an approved leadership course as outlined in section 12
 - d. Must have taken an three additional hours of public relations course while in office
 - e. Assistant Captain shall annually during his/her term take an additional six hours of approved course that deals with public relations/finances during term.
- B. Captain** Must have twelve months of continuous membership occurring immediately before the date of this election, and a member in good standings.
- a. Maintain a current cardiopulmonary Resuscitation (CPR) and current Emergency Medical Technician (EMT) Certification.
 - b. He/she must be at a minimum, and on-line EMT with this agency and have held a Lieutenant position at Fort Ann Rescue Squad for a minimum of 24 Months
 - c. Must take during office an approved Leadership Course as outlined in Section 12.

Section 8: Lieutenant

- a. Must have 12 months of continuous membership occurring immediately before the date of this election, a member in good standing.
- b. maintain current Cardiopulmonary Resuscitation (CPR) and current Emergency Medical Technician (EMT) certification.
- c. He/she must be at a minimum have an Emergency Medical Technician (EMT) certification for a minimum 12 months prior to the date of this election and online EMT with this agency.

Section 9: In the Absence of any qualified members meeting time requirements for sections 1-7, any member nominated by membership at large may fill a position.

- a. Member(s) wishing to be nominated for line officers' positions under this article and section must have a Valid CPR and EMT Card, and or meet all guidelines pertaining to regional standards.

Section 10: Any member holding an Administrative Office shall not hold a Line Office and vice versa. Members holding seats on the Board of Directors will not hold another Administrative or Line Office and vice versa, except for the President and Captain, who are members of the Board of Directors.

- a. If no qualified members available to hold an Executive or Operational Position, then a member may hold two positions of the Administrative or Operational sides.

Section 11: Persons Holding Administrative or Line Officer may only hold multiple positions if approved by the membership at a regular or special meeting with a 2/3rds vote thus negating section 9 of this article

Section 12: Approved Courses are listed below. Courses are subject to the Training Officers approval if board deemed such if courses are outside Sections listed below.

- a. State, or CIC taught Courses.-BOD approved
- b. Military
- c. Private where Certification if given.
- d. Vector Solutions Courses

ARTICLE XV

Meetings and Committees

Section 1: The annual meeting shall be held on Sunday, the second week in December of each year

Section 2. All regular monthly and BOD meetings shall be held on the first Sunday of each month in the Fort Ann Rescue Squad, Inc. meeting room, Town of Fort Ann, unless otherwise specified by the President.

Section 3. The election of officers shall be held at the Annual Meeting.

- A. At least one month prior to the annual meeting a list of members who are eligible to run for each office will be presented to the BOD, then to the membership at the monthly meeting.

Section 5. When a regular meeting falls on a holiday, said meeting shall be held on the same day of the following week.

Section 6: All offices shall take effect January 1 of the near year following the annual elections of officers

- a. Unless meeting has been moved due to holiday or situation outside of our control, then effective date shall take effect the following week of the annual election.

Section 7: Nominations Committee

- A. A nominations committee shall be formed at the regular meeting in October.
- B. The Chief, President or his/her designee, and one member at large will constitute the Nominations Committee.
 - a. It is the responsibility of the committee to generate a list of all qualified persons to hold office for the Fort Ann Rescue Squad
 - b. It is the responsibility of the committee to verify qualifications of Operational and Executive positions.
- C. Once a list of qualified persons is generated all qualified persons will be contacted and given a chance to self-nominate
 - a. Once all members have been called and the listed posted, members shall not self-nominate
- D. The Nominations list once presented at the next regular meeting shall be posted till the annual elections.

Section 8. Six members shall constitute a quorum for all special and regular meetings.

Section 9. Special meetings shall be subject to the call of the Any member may make a request for a special meeting to the President or his/her designee Notice of the meeting must be emailed as soon as possible prior to the date of said special

meeting. The notice shall state for what purpose the meeting is being called, and no other business shall be transacted there at.

Section 10. A standing Auditing Committee and an Investigative Committee shall be appointed by the President during the first meeting after the Annual Meeting.

Section 11. The Chief shall appoint a Continuous Quality Improvement Committee during the first meeting following the December Meeting to review and maintain both Basic Life Support (BLS) and Advanced Life Support (ALS) records.

Section 12. Meetings will be conducted according to Parliamentary Procedures and Roberts Rules of Order. The following is the standing meeting agenda:

- 1) Roll Call
- 2) Pledge of Allegiance
- 3) Nomination of Candidates for Membership
 - a. Applications (read only)
- 4) New Members/Resignations
 - a. Probationary Members
- 5) Swearing in of probationary members
- 6) Reading of Previous months minutes
- 7) Resignations
 - a. Resignations
 - b. Fillings of vacancies
- 8) Reports of Officers
 - a. Captain
 - b. 1st Assistant Captain
 - c. 2nd Assistant Captain
 - d. 1st Lieutenant
 - e. 2nd Lieutenant
 - f. President
 - g. Vice President
 - h. Directors
 - i. Quartermaster/Special Committees
 - j. Auxiliary
- 9) Treasurer
 - a. Accepting of Treasures Report
- 10) Reading of Communications
- 11) Unfinished Business

- 12) New Business
- 13) Good and Welfare/Sickness and Death
- 14) Elections of Officers

ARTICLE XVI

Resignations, Disciplinary Action, and Expulsions

Section 1. Resignations:

- A. Any member who wishes to resign from the Squad shall give written notice to the Chief or President. Said resignation will then be held for 7 days. If after 7 days said member still wishes to resign and has not contacted the President or Chief, said resignation will then take effect immediately and all squad equipment shall be turned in immediately. Any member in good standing, who has resigned and returns within one year from the date of resignation, will not be required to repeat a probationary period. This reinstatement is contingent upon a simple majority vote of the membership.
- B. If member resigns while in bad standings, member will not be eligible to reapply for membership for at minimum 12 months.
 - a. If member resigned in bad standings and is given membership status back, member is subject to the board of directors for possible extended probationary period or other stipulations as seen fit.

Section 2. The following behavior on the part of any member shall be grounds for immediate suspension by an elected officer.

- a. Refusal to obey a direct order given by an elected officer, either while on an emergency run, or while performing duties as a member of the Squad.
- b. Being under the influence of any intoxicating drug or alcohol while on duty or an active call.
- c. Any action or spoken word that would bring embarrassment or have the squad viewed in a negative manner.

Section 3. The following behavior on the part of any member may be considered grounds for disciplinary action, suspension, or expulsion.

- a. Gross Misconduct or behavior on the part of any member that may have a deleterious effect on any member of the squad.
- b. Repeated violations of basic Squad practices, procedures or violation of protocols.
- c. Gross Misconduct to be defined as follows:

Misconduct means dereliction of duty or unlawful or improper behavior. Conduct is gross misconduct if it is so outrageous that it shocks the conscience. Gross misconduct refers to behavior that can cause a person to be dismissed immediately from work because it is serious enough and possibly criminal. (Illegal drug use at work, being drunk while on duty, stealing, sexual harassment are all examples of gross misconduct.) Intentional behavior is needed to support a finding of gross misconduct. An act which deliberately or willfully threatens the employer's rules, or shows a repeated disregard for the employee's obligations to the employer or disregards the standard of behavior which an employer has a right to expect of its employee", constitutes gross misconduct.

Section 4. The following will serve as progressive disciplinary action plan:

1. The first infraction will consist of a verbal warning with documentation in said member's personnel file for a period of 6 months. If any additional infractions occur during these 6 months, the next step of the disciplinary process will occur.

2. The second infraction will consist of a written warning with documentation in said member's personnel file
3. The third infraction will consist of suspension with documentation in said members personnel file. This suspension will remain in said members personnel file for a period of five years. This documentation may be reviewed and used as evidence of a prior infraction within that five-year time frame only.
4. The fourth infraction will consist of possible recommendation to the Board of Directors and membership for immediate expulsion.
5. Steps 1-4 may be skipped if conduct is severe enough to meet qualifications of sections three of this article.

Section 5. Disciplinary action shall be the responsibility of an elected officer.

A member found to be in violation of any of the above designations can be suspended from Squad operations and functions by an elected officer for a period not to exceed thirty (30) days. All allegations against a squad member will be presented to the Chief, President or Board of Directors in writing, no later than ten (10) days after the occurrence. After ten (10) days, no action can be taken. Said member will be notified in writing, by the Chief, President within said ten (10) days of such. The Chief, President must investigate all charges and present them to the Board of Directors within thirty (30) days. Written charges shall be provided to the alleged offender by the elected officer at least five (5) days prior to the regular meeting of the Board of Directors, at which meeting the matter shall be considered and a recommendation made. Once the steps above have been followed a recommendation will be made to the Board of Directors. At such time the Board of Directors will make a final Decision based off the president or chief's recommendation. Any personnel decisions being made shall be done in executive session.

Section 6. Any member receiving disciplinary action may appeal in writing, to the Board of Directors within thirty (30) days from the time of the disciplinary action. An appeal hearing will be convened within ten (10) days of notice of appeal.

A. Members of the Appeal Board shall be:

1. One-line officer other than the elected officer imposing said suspension.
2. One of the following Executive Committee: President, Vice President, Secretary, Treasurer
3. Any three (3) randomly selected non-probationary members who are willing to serve these members will be chosen by the president, unless said president imposed the suspension. At that time the Chief or next senior officer will choose said members. A simple majority of these five (5) will determine the issue. The standard will be whether the action taken was reasonable. Failure of the hearing panel to meet within fourteen (14) days will result in the dismissal of these charges. The defending Squad member may choose a representative of his/her choice for the appeal process.

Section 7.

A. Appeals Board Criteria

You have been asked to act as a representative of the Appeals Board for the Fort Ann Rescue Squad, Inc, concerning the disciplinary action taken by an elected officer against one of our members in accordance with the by-laws of the Fort Ann Rescue Squad, Inc. (Article 14, Section 5) As a representative you are being tasked with deciding if the suspension given by the elected officer was:

1. Justified or unjustified, given the evidence presented to you
2. Was the disciplinary action reasonable, given the evidence presented to you
3. Was the length of the disciplinary action reasonable, given the evidence presented to you
4. If the length of the disciplinary action was not reasonable, you will by simple majority be allowed to change the length of said action.
5. Your decision will be final.

B. Appeals Board Agenda

The agenda for the meeting will be as follows:

1. The list of charges will be read by the President/Captain/his/her designee.

2. The elected officer imposing the disciplinary action will present his/her case.
3. Charged member will present his/her case
4. Any witnesses or additional documentation will be presented and/or interviewed
5. The Appeals Board will deliberate, and a decision will be made concerning the disciplinary action based on the appeals board criteria.

C. Appeals Board Disposition

Criteria

1. Was the disciplinary action justified (yes or no), if yes proceed to step (2) if no, action will be erased from accused file
2. Was the length of disciplinary action reasonable (yes or no), if yes action stands. If no, the committee has the option to shorten said action not to exceed 30 days from the date of suspension.
3. A decision will be given to the accused and the initiator of the charges within 24 hours.
4. A written documentation will be completed by the Appeals Board and given to the President and Chief within 5 days. The recording of the meeting will be transferred to an electronic recording media and placed in the safe for a period of 5 years. If the member charged has any disciplinary action placed against them within that 5 year period, the recording of this Appeals Board may be used as evidence of a prior action/hearing. If no further incidents take place, the CD will be destroyed after 5 years.

Section 8: Impeachment

- A. Any member holding Operational or Executive Positions may be impeached from their position for abuse of authority or misconduct in office.
 - a. Abuse of authority or misconduct shall constitute.
 - i. Actions that grossly affect the integrity of the Agency
 - ii. Actions that affect the safety of member(s)
 - iii. Actions that grossly effect the moral of the agency
 - iv. Actions that give personal gain to oneself
 - v. Mutiny
 - 1. Defined as:
 - a. Refusing orders given from superiors
 - b. Open Rebellion for personal gain or advancement within the agency.
- B. Recommendation must be made to the Board of Directors in writing, and a 2/3rd vote of the Board of Directors is needed to bring the impeachment article to the membership with findings.
 - a. If 2/3rd vote is a yes, two members of the Board of Directors must investigate and present findings to the membership at the next monthly meeting.
 - b. Member accused will have the right to present their case to the BOD Prior to the findings being presented to the membership
 - i. The captain shall be one of the members at large if the article doesn't pertain to his position. If the Captain position is the one in question the President is the one main member at large.
- C. At the next regular schedule monthly meeting the Board of Directors will present the findings, and the membership must vote by secret ballot on the article of impeachment
 - a. 2/3rd vote of membership present is needed to pass.
 - b. A special meeting may be held if the next regular monthly meeting is more then 15 days so as to not affect the operations of the agency.
 - c. Impeachments that are founded cannot be appealed.

- d. If impeached, said officer will not be eligible to run for any office for a period of at minimum 18 months.

ARTICLE XVII

Leave of Absence Section

1. A leave of absence from the Squad shall be granted under the following categories:

1. Medical Leave

2. Military Leave

3. Personal Leave

4. Academic Leave Section

2. Medical leave shall be granted to members until said member can return to active duty or said member is permanently disabled. If at the time of permanent disability, the member is in good standings, the Board of Directors will recommend the membership vote to approve or deny granting the member Life Membership status by a simple majority vote by secret ballot. Any member requesting medical leave must provide a doctor's note at the beginning and end of their medical leave to include a note clearing them to return to full duty. There will be no limited duty or light duty status available to any members for example being a third crew

member or having a lifting restriction. A member on medical leave shall remain in their current status (member in good standing or member not in good standing) until such time they return to active duty or a change of status. All accrued time will be on hold during medical leave. The Board of Directors must be notified of the leave of absence in writing to include e-mail, typed or handwritten letter

Section 3. Military leave will be granted to all Active, Reserve and National Guard members according to Federal Law. The Board of Directors must be notified of the leave of absence in writing to include e-mail, typed or handwritten letter.

Section 4. Personal Leave Any member may request a personal leave of absence for a time period of up to six (6) months. This request must be made in writing, to include e-mail, typed or hand written letter, to the Board of Directors who shall review it and make a recommendation to the membership where it will be approved or denied by a simple majority vote by secret ballot. Any member on personal leave shall remain a member in good standing until the end date of their approved leave of absence. A member wishing to extend their leave of absence must do so in writing to the Board of Directors prior to the end date of their approved leave. Any member who fails to extend their leave of absence or who fails to return to active duty immediately following the end date of their approved leave of absence will become a member not in good standing. All accrued time will be on hold during personal leaves. Probationary members will not be granted personal leave except in cases of extenuating, unavoidable circumstances, which will be reviewed on a case by case basis.

Section 5. Academic Leave Any member may request an academic leave of absence to coincide with the date of their current school semester. This request must be in writing to the Board of Directors who will review and make a recommendation to the membership where it will be approved or denied by a simple majority vote by secret ballot. Any member on academic leave shall remain a member in good standing until the end date of their approved leave of absence and will be required to re-submit their leave of absence request for each new semester. Any member who fails to extend their leave of absence or who fails to return to active duty immediately following the end date of their approved leave of absence will become a member not in good standing. If the member wishes to volunteer their time during an academic break, they may do so. All accrued time will be on hold during

academic leaves. Probationary members will not be granted academic leave except in cases of extenuating, unavoidable circumstances which will be reviewed on a case by case basis.

Section 6. The following outlines the process to be followed when a member wishes to request a leave of absence, how the leave will be tracked and the process for ending a leave of absence.

1. A member must submit their request for a leave of absence to the Board of Directors in written form to include typed or handwritten letter, e-mail. If the request is received by paper or e-mail. The request must contain the type of leave requested, the start date and the end date of the leave and a description of why the leave is being requested.
2. When a request is received it will be reviewed at the next Board of Directors meeting. A tracking form will be started for each new leave of absence request. The Board of Directors will make a recommendation to the membership at that month's membership meeting for a vote by secret ballot. The outcome of that vote will be listed on the tracking form. Military and medical leave requests are not voted on by the membership they are approved automatically by the Board of Directors.
3. Once the leave is voted on, the member requesting the leave of absence will be notified of the results within 48 hours in writing, to include a mailed letter AND an e-mail. The communication will cite the approval or denial of the requested leave of absence. If the leave of absence is approved the communication will also include a copy of Article 15 of the By-Law of the Fort Ann Rescue Squad, Inc. which outlines the Leave of Absence policy for the agency.
4. The tracking form will then be placed in the leave of absence tracking file to be reviewed by the Board of Directors the month prior to the end date of the approved leave of absence. If the leave of absence was denied it will be placed in the members personnel file.

5. The leave of absence will be reviewed at the Board of Directors meeting the month prior to the end date of the approved leave of absence.

For example: if the approved leave of absence is to end March 20th, the leave of absence will be reviewed at the February Board of Directors meeting. The Board of Directors will send a letter and an e-mail to the member reminding them that their approved leave of absence is about to expire and outline the process for requesting an extension as well as review how to sign up for duty. This letter and e-mail will also include that the Board of Directors will need to have a response from them by the following month's Board of Directors meeting or by the end date of their approved leave of absence whichever comes first.

6. Should the Board of Directors not hear back from the member by the date of the following month's Board of Directors meeting or by the end date of their approved leave of absence the member will become a member in bad standing and will receive a letter requesting them to appear in front of the Board of Directors at the next month's Board of Directors meeting. At that meeting the member will discuss with the Board of Directors their intentions going forward with the agency and will result in the member scheduling their duty, requesting an extension of their leave of absence or their resignation from the agency.

7. If the member does not appear in front of the Board of Directors as requested or reach out to a member of the Board of Directors to reschedule or make arrangements for another date that will result in the member being removed from the agency. Should this occur the member will receive a letter and e-mail from the agency requesting that all property of Fort Ann Rescue Squad be returned to the agency within thirty (30) days of receipt of the letter.

ARTICLE XVIII

Amendments

Section 1: Amendments to these by-laws may be proposed, in writing, at any regular meeting and voted on at the next regular meeting. The Secretary or President will notify members, in writing, twenty eight (28) days prior to the date of the next meeting at which said proposed amendment is to be considered for adoption and mail the proposed changes to each member within three weeks of the next meeting.

- a. Time may be amended by a 2/3rd vote based on postponed meetings and other extenuating circumstances. May be no less than 14 days

Section 2: All amendments require a two-thirds (2/3) favorable vote of the quorum by secret ballot, of the members in good standing at such meeting.

Section 3: In the event of any dispute pertaining to an interpretation of the meaning or application of the By-Laws, the chairperson of the By-law committee shall be responsible to convene the Bylaw committee and resolve the interpretation. The chairperson shall then report back to the general membership at the next general meeting.

Section 4: After such amendment is approved by the general membership, the President shall permanently amend the master Corporation By-Laws in order to establish a precedent for the future.

ARTICLE XIX

Apparel & Transports

Section 1. Each member is expected to wear Fort Ann Rescue Squad apparel on all calls and while on duty.

- a. Volunteers off duty taking a call shall always be dressed appropriately.
- b. Members are required to sign for any clothing that is issued and paid for by the Fort Ann Rescue Squad.
- c. When a member resigns from the organization, they are required to return any and all squad issued apparel within 7 days.

Section 2: Transports

- A. Fort Ann Rescue Squad and their immediate families. Immediate families shall be defined as spouse, mother, father, brother, sister, son or daughter.
- B. Any such run for immediate family, or any other family members, beyond a sixty (60) mile radius must first be authorized by the Squad Captain or his/her designee prior to commencement.
- C. Any transports of patients living outside of the Town of Fort Ann that are not limited to Family members shall be approved by the Transport Officer or Chief.
- D. For Transports, a stipend will be given to all providers if transport is during meal hours.
 - a. Stipend for long distant transport not to exceed twenty-five dollars a person. Long distance to be defined as 80 miles or greater round trip.
 - b. Stipend for short transport not to exceed fifteen dollars.
 - c. No Stipend will be given if transport is less than thirty loaded miles.

ARTICLE XX

Conference Attendance Requirements

Section 1. For a member to eligible to attend a conference or training at squad expense (example: Vital Signs, IAC) the following Criteria must be met:

1. Member must be an EMS Provider in good standing as defined by Article 8 section 4.
2. Member must be actively pulling duty and doing pcr's
3. No more than 6 members at any one time may attend a given conference
4. Member must have no prior issues with conference attendance, going to classes while at the conference, returning of receipts and remaining money that was issued to member
5. Must sign an agreement agreeing that no squad money will be spent on alcohol and will also agree to return all receipts and remaining money to the Treasurer within 7 days of conference end.
6. Conference attendance will be based on need and seniority; this decision will be made by the Chief and BOD.

7. Requests are to be made to the Chief in writing.
8. May attend one conference per year
9. \$200 cash will be given to each member to cover meals and fuel to travel to the location of the conference.
10. Final determination of attendance will be made by the BOD
11. For any training attendance to be paid for in advance by the Fort Ann Rescue Squad. Each member shall be approved by the Board of Directors and will sign an agreement regarding all conference or training requirements.
12. Final Conference approval will be granted jointly from the Chief and the President.

a. Reason for non-approval

- i. financial constraints of the organization.

Appendix A

TRAINING AGREEMENT

FORT ANN RESCUE SQUAD, INC

11287 State Route 149 Fort Ann, NY 12827

I, _____, being a member of the Fort Ann Rescue Squad, Inc., do hereby agree to reimburse the Squad all monies paid for training, books or other expenses incurred if I do not complete the training program I have signed up and registered for as noted below. Upon completion any NYS CFR, EMT, AEMT, CC or Paramedic courses paid for by this agency, I will also agree to remain a member in good standing with the agency for a minimum of 12 months after achieving on-line status. Any member failing to pass the NYS Exam after a second attempt will not be eligible for squad funds to repeat the courses again. I understand that if I do not adhere to this agreement that legal action may be undertaken to recover all expenses that I have incurred.

Course _____

Dates of Course: _____

Course Cost: _____

Book Cost: _____

Other Expenses: _____

Signature: _____

Witness: _____

Date: _____

5

RECEIVED

MAY 9 9 35 AM '61

LIBER PAGE 1 OF 1
AND EXAMINED
WASHINGTON COUNTY, N.Y.
WILFRED E. PHILION,
CO. CLERK

FILED

MAY 17 11 05 AM '61

LIBER PAGE 1 OF 1
AND EXAMINED
WASHINGTON COUNTY, N.Y.
WILFRED E. PHILION,
CO. CLERK

CERTIFICATE
OF
INCORPORATION

"FORT ANN RESCUE SQUAD, INC."

Original:

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED APR 19 1961

TAX \$ None

FILING FEE \$ 50

By Caroline H. Deane
Secretary of State

JOHN J. O'BRIEN
ATTORNEY AT LAW
120 MAIN STREET
WHITEHALL, NEW YORK

State of New York
Washington County Clerk's Office

ss: I, LEON D. PUTNAM, Clerk of said County, and Clerk of the Supreme and County Courts, being Courts of Record held in and for said County, do hereby certify that I have compared the annexed copy _____
Certificate of Incorporation

with the original and all the endorsements thereon remaining on file in this office, and that the same is a correct transcript therefrom, and the whole thereof.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said County and Courts, at Fort Edward, N. Y., this 4th day of June, 19 81.

By Leon D. Putnam Clerk
James L. Thomas 3rd Dep. Clerk

CERTIFICATE OF INCORPORATION

of

FORT ANN RESCUE SQUAD, INC.

We, the undersigned, for the purpose of forming a membership corporation pursuant to the Membership Corporations Law of the State of New York, hereby certify:

FIRST: The name of the proposed Corporation shall be FORT ANN RESCUE SQUAD, INC.

SECOND: The purposes for which the said Corporation is to be formed are:

264917
A. To acquire, equip and maintain an ambulance, and to provide free ambulance and first aid service.

C. To take, hold, invest and re-invest its funds for such purposes, to receive gifts and bequests of personal property, and gifts and devises of real property for the purpose of acquiring new equipment and the upkeep and expense of maintaining free ambulance and first aid service, and to hold, sell and administer the same, together with the proceeds thereof, for such purposes.

In furtherance of the objects and purposes herein, said corporation shall have and exercise all of the powers now or hereafter conferred by the laws of the State of New York upon corporations organized under the laws under which the said corporation is organized, and any and all acts amendatory thereof or supplemental thereto. The enumeration of the foregoing purposes shall not be held or construed to limit or restrict the powers of this corporation, and the corporation shall do all and anything necessary, suitable and proper for the accomplishment of the purposes or objects hereinabove enumerated.

THIRD: The corporation is not organized for pecuniary profits; it shall have no stock or stockholders and none of the

income or surplus assets of the corporation, if any, shall be distributed in dividends to members or for the personal profit of any individual or non-charitable institution or corporation.

FOURTH: The territory in which the operations of the corporation are principally to be conducted is the Town of Fort Ann, County of Washington, State of New York.

FIFTH: The principal office of the corporation shall be located in the Town of Fort Ann, County of Washington, State of New York.

SIXTH: The duration of said corporation shall be perpetual.

SEVENTH: The number of the directors shall not be less than five (5) or more than seven (7) and the exact number shall be fixed by the members from time to time.

EIGHTH: The names and residences of the directors until the first annual meeting are:

<u>NAME</u>	<u>RESIDENCE ADDRESS</u>
Ernest Granger	Fort Ann, New York
Gary Hayes	Fort Ann, New York
Lifford Steves	Fort Ann, New York
Donald Smith	Fort Ann, New York
Walter Rathbun	Fort Ann, New York

NINTH: That all of the subscribers to the certificate are of full age; that at least two-thirds of them are citizens of the United States; that at least one of them is a resident of the State of New York, and that of the persons named as directors, at least one of them is a citizen of the United States and a resident of the State of New York.

IN WITNESS WHEREOF, we have made and acknowledged this
certificate this 28 day of March, 1961.

Ernest Granger
Ernest Granger

Gary Hayes
Gary Hayes

Lifford Steves
Lifford Steves

Donald Smith
Donald Smith

Walter Rathbun
Walter Rathbun

STATE OF NEW YORK)
COUNTY OF WASHINGTON: SS.
TOWN OF FORT ANN)

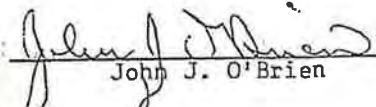
On the 28 day of March, 1961, before me personally
appeared ERNEST GRANGER, GARY HAYES, LIFFORD STEVES, DONALD SMITH
and WALTER RATHBUN, to me known and known to me to be the persons
described in and who executed the foregoing certificate and they
each severally acknowledged to me that they executed the same.

Lillian B. Allen
Notary Public, State of New York

LILLIAN B. ALLEN
Notary Public, State of New York
Residing in Washington County
Commission expires March 20, 1963

STATE OF NEW YORK)
) SS.
COUNTY OF WASHINGTON)

JOHN J. O'BRIEN, being duly sworn, deposes and says that he is an attorney at law and has been retained for the purpose of securing the incorporation of the above-named FORT ANN RESCUE SQUAD, INC. pursuant to the Membership Corporations Law of the State of New York. No prior application has been made to any Court or judge thereof for the approval of the said corporation.


John J. O'Brien

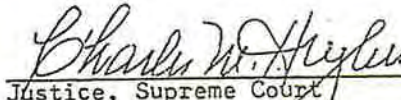
Sworn to before me this
31st day of March, 1961.


Notary Public

I, CHARLES M. HUGHES, a Justice of the Supreme Court of the Third Judicial Department, hereby approve the foregoing Certificate of Incorporation.

Dated:

April 3rd 1961

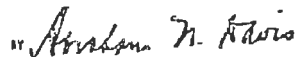

Justice, Supreme Court

STATE OF NEW YORK
DEPARTMENT OF STATE
A TRUE COPY OF THE ORIGINAL
FILED IN THIS OFFICE ON

APR 19 1961

WITNESS MY HAND AND OFFICIAL
SEAL OF THE DEPARTMENT OF
STATE ON THE DATE AFORESAID
TIONED


SECRETARY OF STATE


Abraham N. Davis

2025 Proposed Budget			2024	2025	Totals / Notes		Difference to 2024
Revenue			Budgeted	Proposed Revenue			
4000	Grants	(ARPA)	\$30,000.00	\$34,500.00	\$0.00		-\$4,500.00
4200	Donations		\$13,573.50	\$8,000.00	\$8,000.00		\$5,573.50
4300	Government Contracts		\$159,000.00	\$108,000.00	\$108,000.00		\$51,000.00
4400	Insurance Recovery		\$469,781.08	\$825,000.00	\$825,000.00		-\$355,218.92
4500	Sales		\$0.00	\$0.00	\$0.00		\$0.00
Total Revenue			\$672,354.58	\$975,500.00	\$975,500.00		-\$303,145.42
Expenditures			2024 Budgeted	2025 Proposed	Totals	Differenece	
6105	Bank Charges		\$250.00	\$300.00	\$300.00		-\$50.00
6110	Captains Gift		\$1,800.00	\$1,500.00	\$1,500.00		\$300.00
6115	Donations		\$1,000.00	\$1,000.00	\$1,000.00		\$0.00
6120: Contract Services							
6121	Accounting Fee's		\$3,600.00	\$5,000.00			-\$1,400.00
6122	Billing Company		\$29,000.00	\$60,000.00			-\$31,000.00
Total 6121-6122			\$35,650.00	\$67,800.00	\$67,800.00		-\$32,150.00
6130	Contributions		\$250.00	\$250.00			\$0.00
6140	EMS Manager		\$4,200.00	\$4,500.00			-\$300.00
6160	Interest Expense		\$0.00	\$0.00			\$0.00
6170	Legal & Proffesional		\$3,000.00	\$3,500.00			-\$500.00
6180	License & Permits		\$200.00	\$400.00			-\$200.00
Total Contract Services - 6120			\$7,650.00	\$8,650.00	\$8,650.00		-\$1,000.00
6190	Loans						\$0.00
	Building Loan		\$4,900.00	\$4,900.00			\$0.00
2652			\$15,000.00	\$15,000.00			\$0.00
2641			\$0.00	\$6,000.00			-\$6,000.00
Total 6160 -6161			\$19,900.00	\$25,900.00	\$25,900.00		-\$6,000.00
6200	Med Supplies & Med Direction						
6201	Medical Director		\$5,500.00	\$5,500.00			\$0.00

6202	Oxygen	\$3,561.60	\$4,000.00		-\$438.40
6203	Supplies	\$12,000.00	\$18,000.00		-\$6,000.00
Total Med Suuplies / Med Dir 6200		\$21,061.60	\$27,500.00	\$27,500.00	-\$6,438.40

6210	Equipment				
6211	Cardiac Monitor	\$19,500.00	\$19,500.00	ARPA	\$0.00
6212	Stretchers	\$0.00	\$0.00	2024 Payments	\$0.00
6213	Power Load System	\$9,600.00	\$0.00	4 Items (ARPA) +Install	\$9,600.00
6214	Equipment Maint	\$2,500.00	\$2,500.00		\$0.00
6215	Station Alerting System	\$500.00	\$500.00		\$0.00
6216	Fly Car	\$6,500.00	\$0.00		\$6,500.00
6217	Stair Chair	\$0.00	\$5,000.00		-\$5,000.00
Total New Equipment 6210		\$38,600.00	\$27,500.00	\$27,500.00	\$11,100.00

6300	Office Supplies				
6301	Copy machine	\$1,500.00	\$1,000.00		\$500.00
6302	Postage	\$500.00	\$250.00		\$250.00
6304	Supplie	\$2,000.00	\$2,000.00		\$0.00
6305	Water/Fridge Drinks	\$1,000.00	\$2,500.00		-\$1,500.00
6307	Zoom	\$200.00	\$250.00		-\$50.00
Office Supplies Total 6300		\$5,200.00	\$6,000.00	\$6,000.00	-\$800.00

6330	Radio Communications				
6331	Misc Communications	\$1,275.00	\$1,000.00		\$275.00
6333	Radios	\$2,000.00	\$1,800.00		\$200.00
Total Radio Commuinications 6330		\$3,275.00	\$2,800.00	\$2,800.00	\$475.00

6350	Repairs and Maint				
6351	Building Repairs and Upkeeps	\$3,396.75	\$2,500.00		\$896.75
	Pest Control	\$480.00	\$480.00		\$0.00
	Snow Plowing	\$3,800.00	\$3,800.00		\$0.00
6352	Building Supplies	\$3,150.00	\$1,500.00		\$1,650.00

6355	Landscaping	\$800.00	\$800.00	\$0.00
6356	Preventive Maintenance	\$1,500.00	\$1,000.00	\$500.00
6357	Repairs & Maint-Other	\$1,500.00	\$1,000.00	\$500.00
6358	Unexpected Repairs	\$1,500.00	\$1,500.00	\$0.00
6360	<i>New Building Fund.</i>	\$0.00	\$20,000.00	
	Total Repairs and Maintenance 6350	\$16,126.75	\$32,580.00	-\$16,453.25
6390	Taxes			
6391	Real Estate Taxes	\$480.00	\$480.00	\$0.00
6392	Village Water Bill	\$360.00	\$600.00	-\$240.00
	Total Taxes 6390	\$840.00	\$1,080.00	-\$240.00
6400	Training			
6401	CIC	\$2,000.00	\$1,000.00	\$1,000.00
6402	Classes	\$3,500.00	\$3,000.00	\$500.00
6403	Conferences	\$2,304.50	\$2,500.00	-\$195.50
6404	Trarget Solutions	\$2,500.00	\$3,000.00	-\$500.00
	Total Training 6400	\$10,304.50	\$9,500.00	\$804.50
6420	Travel and Transport			
6421	Meals	\$1,275.00	\$1,500.00	-\$225.00
6422	Travel-Other	\$1,000.00	\$1,500.00	-\$500.00
	Total Travel and Transport 6420	\$2,275.00	\$3,000.00	-\$725.00
6450	Uniforms			
6451	Jobshirts	\$1,200.00	\$1,000.00	\$200.00
6452	Tee Shirts	\$2,200.00	\$1,500.00	\$700.00
6453	Uniform Shirts	\$1,750.00	\$1,000.00	\$750.00
	Total Uniforms 6450	\$5,150.00	\$3,500.00	\$1,650.00
6480	Utilities			
6481	Cable, Internet, Phone	\$2,500.00	\$2,500.00	\$0.00
6482	Electric	\$3,000.00	\$3,000.00	\$0.00

6483 Fuel Oil	\$5,500.00	\$5,500.00	\$0.00
6484 Tablet/Cell Phone	\$100.00	\$5,500.00	-\$5,400.00
Tablets	\$0.00	\$0.00	\$0.00
Total Utilities 6480	\$11,100.00	\$16,500.00	-\$5,400.00

6500 Vehicles			
6501 2651 Repairs	\$4,500.00	\$8,500.00	-\$4,000.00
6502 2652 Repairs	\$4,000.00	\$6,500.00	-\$2,500.00
6503 2653 Repairs	\$5,500.00	\$6,500.00	-\$1,000.00
6504 2654 Repairs	\$3,800.00	\$8,500.00	-\$4,700.00
6505 Ambo Down Payment	\$30,000.00	\$0.00	\$30,000.00
6506 Unexpected Repairs	\$5,500.00	\$8,000.00	-\$2,500.00
6507 Vehicle Fuel	\$13,000.00	\$25,000.00	-\$12,000.00
6508 Vehicle Repairs (EASV)	\$750.00	\$2,500.00	-\$1,750.00
6509 Vehicle Upfitting	\$2,500.00	\$2,500.00	\$0.00
6510 Emergency Lighting	\$950.00	\$2,000.00	-\$1,050.00
Total Vehicles 6500	\$70,500.00	\$70,000.00	\$500.00

6600 Payroll / Labor Cost			
6601 VSI Insurance	\$7,500.00	\$12,000.00	-\$4,500.00
6602 Payroll	\$378,000.00	\$560,000.00	-\$182,000.00
6603 PFL/Disability Insurance	\$3,000.00	\$5,000.00	-\$2,000.00
6604 Employee Infurnace Fund (New 2025)	\$0.00	\$20,000.00	-\$20,000.00
6605 NYSIF	\$12,768.00	\$15,000.00	-\$2,232.00
6606 Workers Comp	\$26,000.00	\$50,000.00	-\$24,000.00
Total Payroll / Labor Cost 6600	\$427,268.00	\$662,000.00	-\$234,732.00

Total Expenditures	\$667,250.85	\$967,110.00	-\$289,159.15
Revenue	\$672,354.58	\$975,500.00	
Over/Under	\$5,103.73	\$8,390.00	

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

06/04/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 12 Gill Street, #5500 Woburn, MA 01801 855 874-0123	CONTACT NAME: Steven Sawn PHONE (A/C, No, Ext): E-MAIL ADDRESS: Steve.Sawn@usi.com	FAX (A/C, No): 877-775-0110
	INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Fort Ann Rescue Squad Inc PO Box 237 Fort Ann, NY 12827		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Medical Malpractice GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MEPK10463102	07/07/2025	07/07/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/OP AGG \$10,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			MEPK10463102	07/07/2025	07/07/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			MEUM09357301	07/07/2024	07/07/2025	EACH OCCURRENCE \$2,000,000 AGGREGATE \$6,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Coverage**CERTIFICATE HOLDER****CANCELLATION**

Mountain Lakes Regional EMS
Council c/o/Ft. Frum Regional Health
Org. 120 Washington St
Watertown, NY 13601

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Steve Sawn

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NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Gadway, Joshua
Level: EMT
State #: [REDACTED]
EXP: 01/31/2029

James V. McDonald, MD, MPH
Commissioner of Health
Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT GADWAY

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

NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Wallace, Chauncey
Level: EMT
State #: [REDACTED]
EXP: 10/31/2029

James V. McDonald, MD, MPH
Commissioner of Health
Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT WALLACE

NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Hall, Jerome
Level: EMT
State #: 4 [REDACTED]
EXP: 08/31/2029

James V. McDonald, MD, MPH
Commissioner of Health
Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT HALL

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

NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Smith, Makayla
Level: EMT
State #: [REDACTED]
EXP: 08/31/2029

James V. McDonald, MD, MPH
Commissioner of Health
Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT SMITH

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

NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Lavergne, David
Level: Paramedic
State #: [REDACTED]
EXP: 03/31/2029

James V. McDonald, MD, MPH
Commissioner of Health
Ryan P. Greenberg, NRP
Director, Bureau of EMS

PARAMEDIC LAVERGNE

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

State of Health EMS Provider Certification



Provider: Morehouse, Jennifer
Level: EMT
State #: [REDACTED]
EXP: 09/30/2029

James V. McDonald, MD, MPH
Commissioner of Health
Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT MOREHOUSE

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

NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems EMS Provider Certification

Provider: Clark, Melissa
Level: EMT
State #: [REDACTED]
EXP: 10/31/2026

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT CLARK

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

NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems EMS Provider Certification

Provider: Vansyckle, Kyle M
Level: Advanced-EMT
State #: [REDACTED]
EXP: 05/31/2026

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

ADVANCED-EMT VANSYCKLE

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

NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems EMS Provider Certification

Provider: Noble, Thomas
Level: Paramedic
State #: [REDACTED]
EXP: 01/31/2026

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

PARAMEDIC NOBLE

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

NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems EMS Provider Certification

Provider: McPherson, Robert
Level: Paramedic
State #: [REDACTED]
EXP: 01/31/2027

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

PARAMEDIC MCPHERSON

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

NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems EMS Provider Certification

Provider: Ladd, Regina
Level: Advanced-EMT
State #: [REDACTED]
EXP: 04/30/2029

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

ADVANCED-EMT LADD

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

NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems EMS Provider Certification

Provider: Griffiths, Robert
Level: EMT
State #: [REDACTED]
EXP: 06/30/2029

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT GRIFFITHS

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



Provider: Murray, Scott
Level: EMT
State #: [REDACTED]
EXP: 07/31/2026

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT MURRAY



Provider: Younger, Dilen
Level: EMT
State #: [REDACTED]
EXP: 10/31/2026

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT YOUNGER

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



Provider: Amell, Edward
Level: EMT
State #: [REDACTED]
EXP: 06/30/2026

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT AMELL



Provider: Reppert, Kelsey
Level: EMT-Critical Care
State #: [REDACTED]
EXP: 11/30/2026

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT-CRITICAL CARE REPERT

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



Provider: Breault, Albert
Level: EMT
State #: [REDACTED]
EXP: 03/31/2027

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT BREAUT

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



Provider: Mehnert, Mackenzie
Level: EMT
State #: [REDACTED]
EXP: 10/31/2028

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT MEHNERT

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

NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems
EMS Provider Certification

Provider: Simmons, Sean
Level: EMT
State #: [REDACTED]
EXP: 07/31/2026

James V. McDonald, MD, MPH *Ryan P. Greenberg, NRP*
Commissioner of Health Director, Bureau of EMS

EMT SIMMONS

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

NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems
EMS Provider Certification

Provider: Hanna, Keith
Level: EMT
State #: [REDACTED]
EXP: 04/30/2029

James V. McDonald, MD, MPH *Ryan P. Greenberg, NRP*
Commissioner of Health Director, Bureau of EMS

EMT HANNA

NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems
EMS Provider Certification

Provider: Noble, Haley
Level: Paramedic
State #: [REDACTED]
EXP: 08/31/2029

James V. McDonald, MD, MPH *Ryan P. Greenberg, NRP*
Commissioner of Health Director, Bureau of EMS

PARAMEDIC NOBLE

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

New York State Department of Health
Bureau of Emergency Medical Services

Certificate No. [REDACTED] Expiration 7/31/2024

KYLE R. CAMPBELL
Emergency Certified as an
EMT - BASIC

Howard A. Zucker, M.D., J.D. *Ryan P. Greenberg*
Commissioner of Health Director

NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems
EMS Provider Certification

Provider: Ralston, Glenn
Level: EMT-Critical Care
State #: [REDACTED]
EXP: 10/31/2026

James V. McDonald, MD, MPH *Ryan P. Greenberg, NRP*
Commissioner of Health Director, Bureau of EMS

EMT-CRITICAL CARE RALSTON

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

NEW YORK STATE Department of Health Bureau of EMS and Trauma Systems
EMS Provider Certification

Provider: Waite, Zachary R
Level: EMT
State #: [REDACTED]
EXP: 08/31/2026

James V. McDonald, MD, MPH *Ryan P. Greenberg, NRP*
Commissioner of Health Director, Bureau of EMS

EMT WAITE

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

STATE of Health
EMS Provider Certification

Provider: King, Jacob
Level: EMT
State #: [REDACTED]
EXP: 07/31/2026


James V. McDonald, MD, MPH
Commissioner of Health
Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT KING

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

STATE of Health
Bureau of EMS and Trauma Systems
EMS Provider Certification

Provider: Hunter, Tiffany
Level: EMT
State #: [REDACTED]
EXP: 09/30/2029



James V. McDonald, MD, MPH
Commissioner of Health
Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT HUNTER

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

STATE of Health
EMS Provider Certification

Provider: Russell, Preston
Level: EMT
State #: [REDACTED]
EXP: 05/31/2027


James V. McDonald, MD, MPH
Commissioner of Health
Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT RUSSELL

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

NEW YORK STATE Department of Health
Bureau of EMS and Trauma Systems
EMS Provider Certification

Provider: Mastroianni, Sierra
Level: EMT
State #: [REDACTED]
EXP: 08/31/2029



James V. McDonald, MD, MPH
Commissioner of Health
Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT MASTROIANNI

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

NEW YORK STATE Department of Health
Bureau of EMS and Trauma Systems
EMS Provider Certification

Provider: Barber, Zachary
Level: EMT
State #: [REDACTED]
EXP: 01/31/2029


James V. McDonald, MD, MPH
Commissioner of Health
Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT BARBER

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



Department
of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Williams, Stephanie
Level: EMT
State #: [REDACTED]
EXP: 10/31/2029

James V. McDonald MD MPH

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg

Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT WILLIAMS

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

NEW
YORK
STATE

Department
of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Hillicoss, Kenneth
Level: Paramedic
State #: [REDACTED]
EXP: 01/31/2027

James V. McDonald

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg

Ryan P. Greenberg, NRP
Director, Bureau of EMS

PARAMEDIC HILLCOSS

EMS Provider Certification

Provider: Swald, Rachel

Level: EMT

State #: [REDACTED]

EXP: 10/31/2026



James V. McDonald

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg

Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT SWALD

YORK
STATE

Department
of Health

Division of Emergency Medicine & Trauma

EMS Provider Certification

Provider: Sweenor, Caitlin
Level: Advanced-EMT
State #: [REDACTED]
EXP: 07/31/2025



James V. McDonald MPH

James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg

Ryan P. Greenberg, NRP
Director, Bureau of EMS

ADVANCED-EMT SWEENOR

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

EMS



Department
of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification

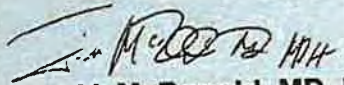



Provider: Mitchell, Kenneth

Level: Paramedic

State #: [REDACTED]

EXP: 01/31/2029


James V. McDonald, MD, MPH
Commissioner of Health


Ryan P. Greenberg, NRP
Director, Bureau of EMS

PARAMEDIC MITCHELL

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

Department of Health
Bureau of EMS and Trauma Systems
EMS Provider Certification

Provider: Pagan, Brendon M

Level: EMT

State #: [REDACTED]

EXP: 08/31/2024



[Signature]
Ryan P. Greenberg, NRP
Dir., for Bureau of EMS

[Signature]
James V. McPherson, MD, MPH
Commissioner of Health

EMT DUGAN



Department
of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification



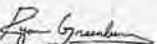
Provider: Robbins, Abigail

Level: EMT

State #: [REDACTED]

EXP: 03/31/2029


James V. McDonald, MD, MPH
Commissioner of Health


Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT ROBBINS

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



Department
of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Laclair, Vincent

Level: EMT

State #: [REDACTED]

EXP: 02/28/2029


James V. McDonald, MD, MPH
Commissioner of Health


Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT LACLAIR

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

NEW YORK
STATE
of Health

EMS Provider Certification



Provider: Hutchinson, Colleen

Level: EMT

State #: [REDACTED]

EXP: 08/31/2026


James V. McDonald, MD, MPH
Commissioner of Health


Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT HUTCHINSON

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

7022 1670 0001 8455 3225

**U.S. Postal Service™
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Salem, NY 12865

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Town of Salem

Street and Apt. No., or PO Box No.
PO Box 575, 214 S Main St
City, State, ZIP+4®
Salem, NY 12865

PS Form 3800, April 2015 PSN 7530-02-000-9047

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10/20/2025

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

Queensbury, NY 12804

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Queensbury EMS

Street and Apt. No., or PO Box No.
1109 Ridge Rd
City, State, ZIP+4®
Queensbury, NY 12804

PS Form 3800, April 2015 PSN 7530-02-000-9047

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**U.S. Postal Service™
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Putnam, NY 12861

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Town of Putnam

Street and Apt. No., or PO Box No.
PO Box 95
City, State, ZIP+4®
Putnam, NY 12861

PS Form 3800, April 2015 PSN 7530-02-000-9047

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10/20/2025

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

Greenwich, NY 12834

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Village of Greenwich

Street and Apt. No., or PO Box No.
6 Academy St
City, State, ZIP+4®
Greenwich, NY 12834

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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10/20/2025

7022 1670 0001 8455 3140

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

Fort Edward, NY 12828

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Village of Fort Edward

Street and Apt. No., or PO Box No.
PO Box 345
City, State, ZIP+4®
Fort Edward, NY 12828

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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Postmark
Here

10/20/2025

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

Whitethall, NY 12887

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Town of Whitethall

Street and Apt. No., or PO Box No.
57 Skenesborough Dr Suite 1
City, State, ZIP+4®
Whitethall, NY 12887

PS Form 3800, April 2015 PSN 7530-02-000-9047

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7022 1670 0001 8455 3195

7022 1670 0001 8455 3201

7022 1670 0001 8455 3454

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Cambridge, NY 12816

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
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Postmark
Here

Postage \$1.36

10/20/2025

Total Postage and Fees \$6.66

Sent To

Town of Jackson
2355 State Route 22
Cambridge, NY 12816

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Fort Edward, NY 12828

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
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Postmark
Here

Postage \$1.36

10/20/2025

Total Postage and Fees \$6.66

Sent To

Moreau EMS
1583 US9
Fort Edward, NY 12828

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Greenwich, NY 12834

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
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Postmark
Here

Postage \$1.36

10/20/2025

Total Postage and Fees \$6.66

Sent To

Easton Greenwich Rescue Squad
441 NY 29
Greenwich, NY 12834

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Glens Falls, NY 12801

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
09

Postmark
Here

Postage \$1.36

10/20/2025

Total Postage and Fees \$6.66

Sent To

Glens Falls City Fire Dept
134 Ridge St
Glens Falls, NY 12801

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Cambridge, NY 12816

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
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Postmark
Here

Postage \$1.36

10/20/2025

Total Postage and Fees \$6.66

Sent To

Village of Cambridge
56 North Park St
Cambridge, NY 12816

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Cambridge, NY 12816

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\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

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Postmark
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Postage \$1.36

10/20/2025

Total Postage and Fees \$6.66

Sent To

Town of Dresden
PO Box 16
Clemans, NY 12819

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Greenwich, NY 12834

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Town of Greenwich
Street and Apt. No., or PO Box No. 2 Academy St
City, State, ZIP+4® Greenwich, NY 12834

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Greenwich, NY 12834

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Town of Easton
Street and Apt. No., or PO Box No. 1071 State Route 40
City, State, ZIP+4® Greenwich, NY 12834

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New York, NY 10017

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Ambulnz Ambulance Service
Street and Apt. No., or PO Box No. 685 3rd Ave, 9th floor, Suite 900
City, State, ZIP+4® New York, NY 10017

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Lake George, NY 12845

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Lake George EMS
Street and Apt. No., or PO Box No. 24 Gage Rd
City, State, ZIP+4® Lake George, NY 12845

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Albany, NY 12208

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Mohawk Ambulance Service
Street and Apt. No., or PO Box No. 292 Quail St
City, State, ZIP+4® Albany, NY 12208

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Saratoga Springs, NY 12866

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Saratoga Springs Fire Department
Street and Apt. No., or PO Box No. 60 Lake Avenue
City, State, ZIP+4® Saratoga Springs, NY 12866

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Granville, NY 12832

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Village of Granville

Street and Apt. No., or PO Box No. PO Box 208, 51 Quaker St

City, State, ZIP+4® Granville, NY 12805 12832

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Cambridge, NY 12816

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Cambridge Valley Rescue Squad

Street and Apt. No., or PO Box No. 37 Gilbert St

City, State, ZIP+4® Cambridge, NY 12816

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Argyle, NY 12809

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Town of Argyle

Street and Apt. No., or PO Box No. PO Box 38, 41 Main St

City, State, ZIP+4® Argyle, NY 12809

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Fort Ann, NY 12827

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Village of Fort Ann

Street and Apt. No., or PO Box No. PO Box 267

City, State, ZIP+4® Fort Ann, NY 12827

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Whitethall, NY 12887

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Village of Whitethall

Street and Apt. No., or PO Box No. 57 Skeneborough Dr, Suite 2

City, State, ZIP+4® Whitethall, NY 12887

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Saratoga Springs, NY 12866

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Wilton Emergency

Street and Apt. No., or PO Box No. 1 Harlan Lane

City, State, ZIP+4® Saratoga Springs, NY 12866

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7022 1670 0001 8455 3355

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Warrensburg, NY 12885

Certified Mail Fee	\$5.30	0827 09	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	\$0.00		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00		
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$0.00		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00		
<input type="checkbox"/> Adult Signature Required	\$0.00		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00		
Postage	\$1.36	10/20/2025	
Total Postage and Fees	\$6.66		
Sent To	Warrensburg EMS		
Street and Apt. No., or PO Box No. 1 Mill Ave			
City, State, ZIP+4® Warrensburg, NY 12885			
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Ballston Lake, NY 12019

Certified Mail Fee	\$5.30	0827 09	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	\$0.00		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00		
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$0.00		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00		
<input type="checkbox"/> Adult Signature Required	\$0.00		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00		
Postage	\$1.36	10/20/2025	
Total Postage and Fees	\$6.66		
Sent To	Ballston Lake EMS		
Street and Apt. No., or PO Box No. 1123 Ballston Lake Rd			
City, State, ZIP+4® Ballston Lake, NY 12019			
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Hudson Falls, NY 12839

Certified Mail Fee	\$5.30	0827 09	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	\$0.00		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00		
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$0.00		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00		
<input type="checkbox"/> Adult Signature Required	\$0.00		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00		
Postage	\$1.36	10/20/2025	
Total Postage and Fees	\$6.66		
Sent To	Town of Kingsbury		
Street and Apt. No., or PO Box No. 6 Michigan St			
City, State, ZIP+4® Hudson Falls, NY 12839			
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Corinth, NY 12822

Certified Mail Fee	\$5.30	0827 09	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	\$0.00		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00		
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$0.00		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00		
<input type="checkbox"/> Adult Signature Required	\$0.00		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00		
Postage	\$1.36	10/20/2025	
Total Postage and Fees	\$6.66		
Sent To	Corinth EMS		
Street and Apt. No., or PO Box No. 102 Sherman Ave			
City, State, ZIP+4® Corinth, NY 12822			
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7022 1670 0001 8455 3270

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Salem, NY 12865

Certified Mail Fee	\$5.30	0827 09	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	\$0.00		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00		
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$0.00		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00		
<input type="checkbox"/> Adult Signature Required	\$0.00		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00		
Postage	\$1.36	10/20/2025	
Total Postage and Fees	\$6.66		
Sent To	Town of Granville		
Street and Apt. No., or PO Box No. PO Box 177			
City, State, ZIP+4® Granville, NY 12865			
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Fort Edward, NY 12828

Certified Mail Fee	\$5.30	0827 09	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	\$0.00		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00		
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$0.00		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00		
<input type="checkbox"/> Adult Signature Required	\$0.00		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00		
Postage	\$1.36	10/20/2025	
Total Postage and Fees	\$6.66		
Sent To	Fort Edward Rescue Squad		
Street and Apt. No., or PO Box No. PO Box 226			
City, State, ZIP+4® Fort Edward, NY 12828			
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Whitehall, NY 12887

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
09

Postmark
Here

Postage \$1.36
Total Postage and Fees \$6.66

10/20/2025

Sent To Skenesborough EMS
Street and Apt. No., or PO Box No. 37 Skenesborough Dr
City, State, ZIP+4® Whitehall, NY 12887

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Hartford, NY 12838

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
09

Postmark
Here

Postage \$1.36
Total Postage and Fees \$6.66

10/20/2025

Sent To Town of Hartford
Street and Apt. No., or PO Box No. PO Box 214
City, State, ZIP+4® Hartford, NY 12838

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Hudson Falls, NY 12839

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
09

Postmark
Here

Postage \$1.36
Total Postage and Fees \$6.66

10/20/2025

Sent To Village of Hudson Falls
Street and Apt. No., or PO Box No. 220 Main St
City, State, ZIP+4® Hudson Falls, NY 12839

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Chester Town, NY 12817

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
09

Postmark
Here

Postage \$1.36
Total Postage and Fees \$6.66

10/20/2025

Sent To North Warren EMS
Street and Apt. No., or PO Box No. 2 Cougar Lane
City, State, ZIP+4® Chester Town, NY 12817

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Argyle, NY 12809

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
09

Postmark
Here

Postage \$1.36
Total Postage and Fees \$6.66

10/20/2025

Sent To Argyle Rescue Squad
Street and Apt. No., or PO Box No. 15 Sheridan St
City, State, ZIP+4® Argyle, NY 12809

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Granville, NY 12832

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
09

Postmark
Here

Postage \$1.36
Total Postage and Fees \$6.66

10/20/2025

Sent To Granville Rescue Squad
Street and Apt. No., or PO Box No. 164 East Potter Ave
City, State, ZIP+4® Granville, NY 12832

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7022 1670 0001 8455 3478

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Glens Falls, NY 12801

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To City of Glens Falls

Street and Apt. No., or PO Box No.

P.O. Box 280

City, State, ZIP+4® Glens Falls NY 12801

PS Form 3800, April 2015 PSN 7530-02-000-9047

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7022 1670 0001 8455 8534

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Bolton Landing, NY 12814

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Town of Bolton

Street and Apt. No., or PO Box No.

P.O. Box 7

City, State, ZIP+4® Bolton Landing NY 12814

PS Form 3800, April 2015 PSN 7530-02-000-9047

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7022 1670 0001 8455 8558

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

North Creek, NY 12853

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Town of Johnsburg

Street and Apt. No., or PO Box No.

719 Main St

City, State, ZIP+4® North Creek NY 12853

PS Form 3800, April 2015 PSN 7530-02-000-9047

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7022 1670 0001 8455 3515

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Athol, NY 12810

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Town of Thurman

Street and Apt. No., or PO Box No.

P.O. Box 29

City, State, ZIP+4® Athol NY 12810

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U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Queensbury, NY 12804

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Town of Queensbury

Street and Apt. No., or PO Box No.

742 Bay Rd

City, State, ZIP+4® Queensbury NY 12804

PS Form 3800, April 2015 PSN 7530-02-000-9047

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See Reverse for Instructions

7022 1670 0001 8455 3058

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Salem, NY 12865

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To Salem EMS

Street and Apt. No., or PO Box No.

152 East Broadway

City, State, ZIP+4® Salem, NY 12865

PS Form 3800, April 2015 PSN 7530-02-000-9047

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See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Queensbury, NY 12804

Certified Mail Fee \$5.30
\$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
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Postmark
Here

Postage \$1.36

Total Postage and Fees \$6.66

10/20/2025

Sent To
Queensbury Central Fire dept
Street and Apt. No., or PO Box No.
17 Lafayette Street
City, State, ZIP+4®
Queensbury NY 12804

PS Form 3800, April 2015 PSN 7530-02-000-9047

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

Brant Lake, NY 12815

Certified Mail Fee \$5.30
\$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
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Postmark
Here

Postage \$1.36

Total Postage and Fees \$6.66

10/20/2025

Sent To
Town of Horicon
Street and Apt. No., or PO Box No.
PO Box 90
City, State, ZIP+4®
Brant Lake NY 12815

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

Haguer, NY 12836

Certified Mail Fee \$5.30
\$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
09

Postmark
Here

Postage \$1.36

Total Postage and Fees \$6.66

10/20/2025

Sent To
Town of Haguer
Street and Apt. No., or PO Box No.
P.O. Box 509
City, State, ZIP+4®
Haguer NY 12836

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Lake George, NY 12845

Certified Mail Fee \$5.30
\$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
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Postmark
Here

Postage \$1.36

Total Postage and Fees \$6.66

10/20/2025

Sent To
Town of Lake George
Street and Apt. No., or PO Box No.
20 Old Post Road
City, State, ZIP+4®
Lake George NY 12845

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

Lake Luzerne, NY 12846

Certified Mail Fee \$5.30
\$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
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Postmark
Here

Postage \$1.36

Total Postage and Fees \$6.66

10/20/2025

Sent To
Town of Lake Luzerne
Street and Apt. No., or PO Box No.
P.O. Box 370
City, State, ZIP+4®
Lake Luzerne NY 12846

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Lake George, NY 12845

Certified Mail Fee \$5.30
\$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
09

Postmark
Here

Postage \$1.36

Total Postage and Fees \$6.66

10/20/2025

Sent To
Bay Ridge Fire department
Street and Apt. No., or PO Box No.
1080 Bay Road
City, State, ZIP+4®
Lake George NY 12845

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

Fort Edward, NY 12828

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36
Total Postage and Fees \$6.66

Sent To
Washington Co Dept Public Safety
383 Broadway
Fort Edward NY 12828
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

Chester, NY 10918

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36
Total Postage and Fees \$6.66

Sent To
Town of Chester
178 Route 17M
Chester, NY 10918
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

Stony Creek, NY 12878

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$2.17
Total Postage and Fees \$7.47

Sent To
Town of Stony Creek
PO Box 96
Stony Creek NY 12878
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

Queensbury, NY 12804

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36
Total Postage and Fees \$6.66

Sent To
South Queensbury Fire Dept.
409 Dix ave
Queensbury NY 12804
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Warrensburg, NY 12885

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$2.17
Total Postage and Fees \$7.47

Sent To
Town of Warrensburg
3797 Main Street
Warrensburg NY 12885
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

Queensbury, NY 12804

Certified Mail Fee \$5.30
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36
Total Postage and Fees \$6.66

Sent To
West Glens Falls Fire department
33 Luzerne Road
Queensbury NY 12804
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com.

Bolton Landing, NY 12814

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To

Bolton EMS
5003 Lake Shore Dr
Bolton Landing, NY 12814

PS Form 3800, April 2015 PSN 7530-02-000-9047

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Queensbury, NY 12804

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To

West Glens Falls EMS
86 Luzerne Rd
Queensbury, NY 12804

PS Form 3800, April 2015 PSN 7530-02-000-9047

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com.

Fort Ann, NY 12827

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To

Town of Fort Ann
PO Box 314
Fort Ann, NY 12827

PS Form 3800, April 2015 PSN 7530-02-000-9047

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U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com.

Arayle, NY 12809

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To

Village of Arayle
PO Box 7
Arayle, NY 12809

PS Form 3800, April 2015 PSN 7530-02-000-9047

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com.

Cambridge, NY 12816

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To

Town of White Creek
28 Mountain View Dr
White Creek, NY 12816

PS Form 3800, April 2015 PSN 7530-02-000-9047

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com.

Hampton, NY 12837

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☒ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.36

Total Postage and Fees \$6.66

Sent To

Town of Hampton
2629 NY-22A
Hampton, NY 12837

PS Form 3800, April 2015 PSN 7530-02-000-9047

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U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com.

Glens Falls, NY 12801

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

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Postmark
Here

Postage \$2.17

Total Postage and Fees \$7.47

10/20/2025

Sent To
Glens Falls Hospital
Street and Apt. No., or PO Box No.
100 Park Street
City, State, ZIP+4®
Glens Falls NY 12801

PS Form 3800, April 2015 PSN 7530-02-000-9047

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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com.

Glens Falls, NY 12801

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
09

Postmark
Here

Postage \$2.17

Total Postage and Fees \$7.47

10/20/2025

Sent To
Glens Falls Hospital
Street and Apt. No., or PO Box No.
100 Park Street
City, State, ZIP+4®
Glens Falls NY 12801

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Glens Falls, NY 12801

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
09

Postmark
Here

Postage \$2.17

Total Postage and Fees \$7.47

10/20/2025

Sent To
Glens Falls Hospital
Street and Apt. No., or PO Box No.
100 Park Street
City, State, ZIP+4®
Glens Falls NY 12801

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Glens Falls, NY 12801

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
09

Postmark
Here

Postage \$2.17

Total Postage and Fees \$7.47

10/20/2025

Sent To
Glens Falls Hospital
Street and Apt. No., or PO Box No.
100 Park Street
City, State, ZIP+4®
Glens Falls NY 12801

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Glens Falls, NY 12801

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
09

Postmark
Here

Postage \$2.17

Total Postage and Fees \$7.47

10/20/2025

Sent To
Glens Falls Hospital
Street and Apt. No., or PO Box No.
100 Park Street
City, State, ZIP+4®
Glens Falls NY 12801

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Lake George, NY 12845

Certified Mail Fee \$5.30
\$0.00
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

0827
09

Postmark
Here

Postage \$1.36

Total Postage and Fees \$6.66

10/20/2025

Sent To
Warren Co. Dept Public Safety
Street and Apt. No., or PO Box No.
1340 St Rt 9
City, State, ZIP+4®
Lake George NY 12845

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7022 1670 0001 8455 3522

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Lake George, NY 12845

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.36

Total Postage and Fees \$6.66

0827
09

Postmark
Here

10/20/2025

Sent To
 Village of Lake George
 Street and Apt. No., or PO Box No.
 P.O. Box 791
 City, State, ZIP+4[®]
 Lake George NY 12845

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



Fort Ann Rescue Squad
 PO Box 237
 Fort Ann, NY 12827

257

CERTIFIED MAIL



Retail



10918

\$6.66

U.S. POSTAGE PM
 FCM LETTER
 FORT ANN, NY 128
 OCT 20, 2025

7022 1670 0001 8455 8428

RDC 99

S232AN504036-09

Town of Chester
 178 Route 17N
 Chester, NY 10918 NSN

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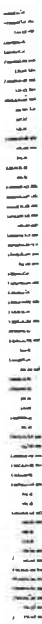
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Fort Ann Rescue Squad Inc
 PO Box 237
 Fort Ann, NY 12827

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FORT ANN
RESCUE SQUAD INC
Serving Since 1961

MAILED PACKETS PICK UP / RETURNED LIST

ENTITY	PICK UP DATE	TIME OF PICK UP	NOTES
Village of Lake George	10/31/2025	1041	
Town of Salem	10/30/2025	1225	
Town of Putnam	11/12/2025	1033	
Village of Fort Edward	10/31/2025	938	
Queensbury EMS	10/30/2025	1028	
Village of Greenwich	10/31/2025	1125	
Town of Whitehall	11/3/2025	935	
Town of Dresden	10/31/25	1308	
Easton Greenwich EMS	10/31/25	1048	
Glens Falls Fire Dept	10/30/25	847	
Moreau EMS	10/31/25	1033	
Town of Jackson	11/6/25	1045	
Town of Easton	10/31/25	1300	
Saratoga Springs Fire Dept	10/30/25	1227	
Lake George EMS	11/3/25	935	
Mohawk Ambulance Service	10/30/25	1045	
Town of Greenwich	10/31/25	1124	
Ambulanz Ambulance Service	10/29/25	1148	
Wilton EMS	10/30/25	1335	
Village of Granville	11/3/25	1042	
Village of Fort Ann	10/31/25	759	

Cambridge Valley Rescue Squad	10/31/25	1412	
Town of Argyle	10/31/25	1210	
Village of Whitehall	11/3/25	1230	
Balston Lake EMS			Returned
Warrensburg EMS	10/31/2025	1425	
Town of Kingsbury	10/30/25	958	
Fort Edward Rescue Squad	11/12/2025	1141	
Town of Granville			Delivered 11/10/2025
Corinth EMS			Returned
Granville Rescue Squad			Delivered Not Picked Up as of 11/10/2025
Town of Hartford	10/31/25	1102	
North Warren EMS	11/14/2025	1528	
Skeneborough EMS	11/20/2025	1020	
Village of Cambridge	10/31/25	959	
Village of Hudson Falls	10/30/25	920	
Argyle EMS	11/6/25	1147	
Town of Queensbury	10/30/25	845	
Town of Bolton	11/3/25	1015	
Salem EMS	10/31/25	919	
Town of Thurman			Delivered 11/5/25
Town of Johnburg			Delivered 10/31/25
City of Glens Falls			Delivered 10/31/25
Town of Lake George			Delivered 10/30/25
Town of Hague	10/31/25	1119	
Queensbury Central Fire	10/30/25	1042	
Town of Horicon	10/31/25	1024	
Bay Ridge Fire Dept	10/30/25	1130	
Town of Lake Luzerne	10/31/25	1140	
South Queensbury Fire Dept	11/5/25	816	
West Glens Falls Fire Dept	11/3/25	1027	
Wash Co Dept of Public Safety	10/31/25	925	

		Returned
Town of Chester		
Town of Stony Creek	10/23/25	902
Town of Warrensburg	10/23/25	1115
Town of Fort Ann	11/3/25	811
Village of Argyle	11/3/25	945
Town of White Creek		Not Picked up as of 11/6/25
Town of Hampton	11/1/25	
West Glens Falls EMS	10/30/25	
Bolton EMS	10/31/25	
Glens falls Hospital	10/23/25	
	10/23/25	900
	10/23/25	900
	10/23/25	900
	10/23/25	900
	10/23/25	900
Warren County Dept Pub Safety	10/30/25	1005



ALBANY MED Health System

GLENS FALLS HOSPITAL

Donna Kirker, MS, RN, NEA-BC
Sr. Vice President Patient Services/CNO

100 Park Street
Glens Falls, NY 12180

October 31, 2025

Re: Certificate of Need Application – Fort Ann Rescue Squad

To Whom It May Concern:

The Fort Ann Rescue Squad Inc. is an applicant for an expansion of its Ambulance Service Certificate (a/k/a Certificate of Need) for the service areas covered by Glens Falls Hospital. On behalf of Glens Falls Hospital, I am writing to express our support for Fort Ann Rescue Squad's application. Fort Ann Rescue Squad has been a reliable partner in delivering both pre-hospital emergency medical services as well as emergency transports and discharge transports when needed. Their dedication to rapid response, clinical excellence, and community engagement aligns directly with our mission to provide timely, high-quality care to all residents of our region.

Over the past several years, Glens Falls Hospital has relied heavily on the services of Fort Ann Rescue Squad to ensure timely care of our patients. We have collaborated on dozens of critical cases, including hundreds of additional interfacility transfers and discharges. Fort Ann's crews consistently demonstrate clinical skill - administering advanced airway management, cardiac monitoring, and life-saving interventions. Their average response times in rural and semi-rural areas routinely outperform statewide benchmarks, ensuring that patients receive prompt, potentially life-saving care even before they arrive at our doors.

The requested Certificate of Need will allow Fort Ann Rescue Squad to expand its fleet, enhance crew training programs, and extend 24/7 coverage to underserved areas. This expansion directly addresses documented gaps in ambulance availability during peak demand periods, reduces patient transport times, and strengthens the overall regional EMS system. From our perspective, these improvements will translate into better patient outcomes, lower rates of medical complications, and more efficient use of emergency resources.

We are confident that granting this Certificate of Need will foster a more resilient, responsive EMS network - ultimately enhancing the health and safety of the communities we serve together. Thank you for your consideration.

Sincerely,

Donna J. Kirker

Sr. Vice President, Patient Services and CNO





ALBANY MED Health System

SARATOGA HOSPITAL

Saratoga Hospital
211 Church Street
Saratoga Springs, NY 12866

September 2, 2025

Re: Certificate of Need Application – Fort Ann Rescue Squad

To Whom It May Concern:

On behalf of Saratoga Hospital, I am writing to express our support for Fort Ann Rescue Squad's application for a Certificate of Need. Fort Ann Rescue Squad has been a reliable partner in delivering pre-hospital emergency medical services throughout northern Saratoga County and southern Washington County. Their dedication to rapid response, clinical excellence, and community engagement aligns directly with our mission to provide timely, high-quality care to all residents of our region.

Over the past several years, Saratoga Hospital and Fort Ann Rescue Squad have collaborated on dozens of critical cases, including interfacility transfers. Fort Ann's crews consistently demonstrate clinical skill - administering advanced airway management, cardiac monitoring, and life-saving interventions. Their average response times in rural and semi-rural areas routinely outperform statewide benchmarks, ensuring that patients receive prompt, potentially life-saving care even before they arrive at our doors.

The addition of a Certificate of Need will allow Fort Ann Rescue Squad to expand its fleet, enhance crew training programs, and extend 24/7 coverage to underserved areas. This expansion directly addresses documented gaps in ambulance availability during peak demand periods, reduces patient transport times, and strengthens the overall regional EMS system. From our perspective, these improvements will translate into better patient outcomes, lower rates of medical complications, and more efficient use of emergency resources.

We are confident that granting this Certificate of Need will foster a more resilient, responsive EMS network - ultimately enhancing the health and safety of the communities we serve together. Thank you for your consideration.

Sincerely,

Robert Donnarumma, MD, MPH, FACEP, FACHE
Vice President of Medical Affairs & Chief Medical Officer

11/4/2025

To Whom it May Concern

I serve as the Medical Director for Ft. Ann EMS and have reviewed their application for an expanded CON to include Glens Falls Hospital. I Support their application as I feel it will benefit our patient population through improved access to interfacility transport services. I feel Ft. Ann EMS has demonstrated a high standard of performance and dependability with quality oversight through their ongoing work as a transporting agency.

Best Regards

Thomas Williams, MD

Glens Falls Hospital Emergency Medicine Physician



VILLAGE OF LAKE GEORGE, NEW YORK

P.O. BOX 791
12845

RAYMOND A. PERRY
Mayor

JULIE K. ALLEN
Clerk

BRENDA HUTTER
Treasurer

TRUSTEES

Joseph Mastrodomenico, Jr.
José Filomeno
Michael L. Menter
Robert Gregor

518-668-5771
Fax: 518-668-3735
E-mail:
clerk@lgvillage.org



November 19, 2025

Fort Ann Rescue Squad Inc.
RE: Chief Noble, Thomas
PO Box 237
Fort Ann, NY 12827

RE: Letter of Support – Expansion of Ambulance Service

Dear Chief Noble,

On behalf of the Village of Lake George, I am writing to express our support for The Fort Ann Rescue Squad Inc. as they apply for an expansion of its Ambulance Service Certificate for the territory near Glens Falls Hospital. This territory will encompass "All of that territory within 100 Park Street, Glens Falls, NY 12801."

There is definitely a need for these expanded services, and this change will NOT have a negative impact on any other ambulance services in the surrounding area. We are in full support for this territory expansion for The Fort Ann Rescue Squad!

Sincerely,

Ray Perry, Mayor
Village of Lake George
mayor@lgvillage.org
(518)668-5771

TO: Fort Ann Rescue Squad
FROM: Brendon Dugan
SUBJECT: Letter of Support
DATE: 10/28/2025

My name is Brendon Dugan, and I am writing a letter in support of the Fort Ann Rescue Squad expansion of territory. I am writing a letter due to my extensive knowledge and understanding of the Interfacility business being with both the Fort Ann Rescue Squad and formally of Moreau EMS. I started my journey in EMS back in 2010 and eventually joined Moreau EMS in 2016 and joined the Fort Ann Rescue Squad in 2025. In 2023 I took over as the Transport Supervisor for Moreau EMS, it was my responsibility of the day-to-day operations of non-emergent and emergent transfers from Glens Falls Hospital and Saratoga Hospital. Early 2023 when Empire Ambulance closed their doors it was very noticeable when Fort Ann Rescue Squad entered the transfer business.

Over my time with both agencies the differences in operations were extremely noticeable. Moreau EMS and other agencies in Warren County would take transfers without backfilling their district leaving a gap, additional emergency calls within their respective districts would be dropped causing other agencies to have to cover them further putting a strain on the EMS system. Fort Ann Rescue Squad on the other hand has a different type of call volume and staffs several ambulances a day, always making sure that their primary district is covered and not dropping an emergency call while doing inter-facilities. Their day to day operations straightens the 911 system in the area, while providing a reliable transfer service to the hospital.

In my professional opinion the Fort Ann Rescue Squad has proven need and shown the ability to provide a consistent and reliable service to the Glens Falls Hospital while not putting any strain on the 911 system and making it stronger by having additional crews to help mutual aid.

Respectfully Submitted,

A handwritten signature in black ink that reads "Brendon Dugan". The signature is stylized with a cursive-like flow.

Brendon Dugan



FORT ANN RESCUE SQUAD INC.

Serving Since 1961

Fortannrescue.org

Person(s), Village, and Towns Pervious Attempt Letters of Support From:

- **Glens Falls Hospital**
 - MD Williams, Thomas
- **Washington County**
 - Town of Argyle
 - Town of Hampton
 - Town of Putnam
 - Town of Whitehall

11287 State Route 149
Fort Ann, NY 12827
PO Box 237