

Please complete the following information regarding the funding of your agency.

NOTE: Response is mandatory. Failure to complete this form accurately may impact your agency's authority to collect fees for prehospital patient care.

Name of EMS agency Sylvamo Medical Emergency Response Team DOH agency code 1511

Does your EMS agency bill (collect fees for prehospital transport/patient care)?

Yes No

If Yes, does your agency process its own billing and filings to Medicare/Medicaid/private insurance for prehospital transport/patient care fees?

Yes No

If Yes, skip to Funding Sources section below.

If No, indicate the name of the "Service Bureau" or contractor that processes the billing for your EMS agency

EMS Agency NYS Medicaid provider ID number N/A

Service Bureau NYS Medicaid ID number N/A

Note: if your contractor also provides EMS, the Service Bureau is not the same ID used by that EMS agency for its own billing, or your ID this is a separate ID number issued to the contractor by Medicaid authorizing the contractor to process/submit billing for 3rd party EMS agencies.

The New York State Department of Health will assume that failure to provide a valid ID number for a Medicaid Service Bureau indicates that your service's billing practices and/or contractor services are unlawful and will report them to the New York State Office of Health Insurance Programs.

Funding Sources

Identify ALL of the funding sources received by your EMS agency.

Fire District(s) [NOT fire protection districts] None
(If more than one district, list additional on back of this page. List Fire Protection Districts below)

Ambulance District [legal name of taxing district] Industrial Use only
(If more than one district, list additional on page 2)

Municipal Contracts [other than fire districts] None
(List all municipalities your agency holds EMS contracts with including County, City, Town, Village, and Fire Protection Districts. List additional municipalities on page 2)

Donations or fund-raisers None

Not-for-profit status
 501(c)(3) Other NFP N/A

Other funding sources not identified above
(Include agreements/contracts with service fees to provide ALS to other certified services. i.e., ALS assists)

Service's approximate total annual EMS operating budget Est 3,500

Is your service an operator for another service that bills?
 Yes No

If Yes, service name _____ Agency code _____

Name of person completing this form Holly Munson

Title of person completing form Rn, EMT-B

Signature of person completing this form Holly Munson

Date completed 12/17/2025

Date 12/17/2025



Holly J. Munson
Health Services
568 Shore Airport Road
Ticonderoga, NY 12883
518.585.5709

holly.munson@sylvamo.com

This correspondence is to address and clarify items from the transfer checklist, Item 5 (A–G):

5A: Please see the attached résumé.

5C: There is no history of health-related employment and/or activities in any regulated healthcare facility within the past ten (10) years, as operations are considered industrial use only.

5D: Please see the attached DOH-2828, EMS Agency Personnel Roster.

5E: Sylvamo MERT has not been issued any orders or deficiency notices within the past ten (10) years by any Bureau of EMS (or equivalent out-of-state agency) that did or could have caused patient harm, including issues that were repetitive or uncorrected.

5F: Sylvamo MERT has not been subject to any malpractice actions within the past ten (10) years related to patient care or patient harm.

5G: The address of residence is:

568 Shore Airport Road

Ticonderoga, NY 12883

7: Please see attached

Personal Information not subject to FOIL

Holly Munson
30 Alpine Way
Ticonderoga, New York 12883
Home Phone (518) 585-6015

OBJECTIVE

Registered Nurse

EDUCATION

North Country Community College, Saranac Lake, New York

AAS in Nursing May 2002

- Recipient of the Joanne F. Donohue Memorial Award

Certificate in Nursing, May 1993

CERTIFICATIONS

- **Certified CPR Instructor**
- **Certified First-Aid Instructor**
- **NYS Certified EMT-B**
- **Certified Occupational Hearing Conservationist**

WORK HISTORY

Occupational Health Services, full time. September 2002 to present.

International Paper Co., Ticonderoga, New York

- Prioritized care at the worksite for employees, customers, and others with injuries and illnesses.
- Plan work schedule and assign duties to nurse and EMTs.
- Provided or arranged for training of the NYS Certified EMT-Bs
- Prepared accident reports, and arranged for further care if necessary.
- Offered health counseling.
- Assisted with health assessments and inoculations.
- Assessed work environments to identify potential health or safety problems.

Clinical Instructor, part-time, August 2009 to December 2009

NCCC, Ticonderoga Campus

LPN, full-time. August 1997 to Sept 2002. **RN**, from Sept 2002 to March 2003

Little City Family Practice, Vergennes, Vermont

- Prioritized care for ill, injured, and wellness checks of adults and children
- Initiated documentation.
- Under MD supervision performed: assessments, dressing changes, EKGs, PFTs, nebulizer treatments, and venipuncture.
- Successfully developed rapport with physicians, coworkers, clients and family members.

LPN, full-time. November 1993-August 1997.

Porter Medical Center, Middlebury, Vermont- Surgical/Emergency/Special care Nurse

SA

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

EMS Agency Personnel Roster

Agency Name
Sylvamo MERT

Agency Code
1511

Date Submitted

Page 1 of 1

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
Borho	Peter	320067	5 / 31 / 27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Grant	Jacqueline	388350	3 / 31 / 29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Greenough Jr.	Jeffrey	470053	3 / 31 / 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Groncheski	Benjamin	408928	5 / 31 / 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Kennedy	Brian	399396	7 / 31 / 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Munson	Holly	320069	6 / 30 / 27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Prew	Daniel	428839	2 / 28 / 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Manning	Valerie	320721	6 / 30 / 27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Thatcher	Douglas	324526	9 / 30 / 28	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Snyder	Michelle	271797	11 / 30 / 28	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SD



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January 20, 2025

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Personal Information not subject to FOIL