



North Country Regional EMS Council, Inc.

“Serving Jefferson, Lewis & St. Lawrence Counties”

www.fdrhpo.org/ems

North Country Emergency Medical Services Rapid Sequence Induction Program RSI Provider Application

Please Clearly Print All Information

Name: _____

Mailing Address: _____

Phone:(____)-_____ Cell Phone:(____)-_____

Email: _____

Paramedic Education

Training Location: _____

Dates Attended: _____

Address:

Contact Person: _____

Phone:(____)-_____

Additional Certifications

Class	Date First Certified	Current Card Expiration	Most Recent Class Location
EMT-P			
ACLS			
PALS			
CPR			
DAMS Class			
Simulator Training Dates			
Simulator Draining Dates			

Please attach copies of your current NY State Paramedic Certification and all other certifications you have listed above

North Country EMS Program Agency | 120 Washington Street, Suite 230, Watertown, NY 13601

Office: (315) 755-2020 option 2 · Fax: (315) 755-2022 | www.fdrhpo.org/ems



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** CQI AT AGENCY LEVEL CONCERNS REMAC!!!!!!!

Continuing Medical Education

Refresher Classes:

Date-	Location

Additional Continuing Medical Education attended in last two years:

Date-	Topic-	Location-

Current Employment:

Location: _____
 Position: _____
 Dates: _____
 Reference: _____
 Phone: _____

EMS Agency Affiliation

Agency	Position	Dates of Affiliation

Please list all agencies affiliated with since practicing as an ALS provider. Attach Additional Pages as needed



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Application Agreement

By signing this application, I agree to the following:

1. The Information contained in the application is truthful and accurate.
2. I waive the right to review my sealed letters of recommendation.
3. I agree to cooperate with a background check and waive the right to review confidential information obtained during the background check performed by the QA Committee in processing this application.
4. I understand that any incomplete or late applications will not be accepted by the Committee.

Name: _____

Signature: _____

Date: _____

Additional Application Requirements

1. A letter of recommendation from Agency Director of Operations. In addition to being a letter of recommendation for you entering the program, this letter should include a description of your current job duties. The letter should be sealed and included with this application.
2. A letter of support from your Agency Medical Director. The letter should be sealed and included with this application.
3. A copy of your current NYS Paramedic certification, ACLS certification, and any other EMS related certification documents (eg. PALS, BTLS, PHTLS, etc) should be included with this application.

NCEMS/REMAC Use Only

	Date	Signature		√
Application Received			Application	
Regional MD Review			Certifications	
REMAC QA Review			Director of Ops LoR	
Prerequisites Met			Agency MDLoR	
RSI Class Completed				
RSI Credentialing Complete				