

Mountain Lakes Regional EMS Council

Regional Emergency Medical Advisory Committee Application for EMS Agency Advanced Life Support Operating Authority Medical Director

Agency Name: _____

I/we have received, read and understand the content of this application and its associate documents and will comply with all policies and regulations as set forth by the Mountain Lakes Regional EMS Council Regional Emergency Medical Advisory Committee and the New York State Department of Health Bureau of EMS.

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 has ever been convicted of Medicaid or Medicare fraud. Furthermore, I understand that under Section 3012(a) PHL Article 30 that Advanced Life Support Operating Authority may be revoked, suspended, limited or annulled if this application includes willful misrepresentation.

Name of Agency Owner, CEO or President Title

Signature Date

Medical Director Endorsement:

Medical Director Name

*Signature Date of Review

** Medical Director signature above represents a forwarded motion of approval to the REMAC*