



FDRHPO North Country EMS Program Agency

“Serving Clinton, Essex, Franklin, Jefferson, Lewis, St. Lawrence, Warren and Washington Counties”

fdrhpo.org/ems

Mountain Lakes ALS Provider Credentialing Application

Required Submission Materials:

- 1) Mountain Lakes Credentialing Application
- 2) Mountain Lakes Medical Director Online Authorization Form
- 3) Letter/Email of Support from Primary Agency
- 4) BLS/Healthcare Provider CPR Certification
 - a. For CCT & Paramedic also:
 - i. ACLS Certification
 - ii. PALS (or Pediatric Equivalent) Certification

Optional:

If you would like an ID Badge, submit a professional style (white background, no hats) headshot photo.

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Primary Phone: _____ **Type:** _____

NYS DOH #: _____ **Level Applying For:** _____

Primary Agency Name: _____

Primary Agency Medical Director Name: _____

By signing below, I hereby apply to the Mountain Lakes Regional Emergency Medical Advisory Committee (REMAC) for privileges to practice as an Advanced Life Support (ALS) Provider. I will abide by all applicable New York State and Regional Patient Care Protocols as well as Regional Continuing Medical Education (CME) requirements. I understand that the privilege to practice as an ALS Provider may be suspended or revoked by the REMAC for just cause.

ALS Provider Signature: _____

Date of Submission: _____

Submit completed forms to: Paperwork@FDRHPO.org or fax to (315)755-2022