



North Country Regional Emergency Medical Advisory Committee

“Serving Jefferson, Lewis & St. Lawrence Counties”

www.fdrhpo.org/ems

North Country Regional Emergency Medical Advisory Committee (NCREMAC) Application

Please print

Name: _____

Street Address: _____

Mailing Address (if different): _____

Email address: _____

County:(Please circle) St. Lawrence Lewis Jefferson

Please check best # to contact you at:

() Phone: _____ () Cell Phone: _____

Certifications that you hold (CIC, CLI, ACLS, PALS, EMT Level, EMD, etc.): Please List

Are you actively providing care in the field? *Yes* *No*

Are you interested in being part of the Evaluation (QA/QI) Committee? *Yes* *No*

If yes, why? (If you need additional space, please attach separate sheet to application)



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What do you feel you have to contribute to the NCREMAC? (If you need additional space, please attach separate sheet to application)

The expectation is that you attend quarterly meetings. Meetings routinely held on the first Monday of the month. Will this be a challenge for you?

Please attach copies of any cards/certificates



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