

Mountain Lakes Regional EMS Council

ALS Provider Credentialing Application

Required Application Attachments

1. A copy of NYS Certification card – Applicants must include their current NYS certification card at the level being requested.
2. A copy of BLS Provider card – Applicants must submit a current AHA BLS Provider Card.
3. A copy of any additional certification cards.
4. A digital photo – Photo must be against a plain white background and should be of your shoulders up. Mountain Lakes Regional EMS Council can take digital photos at our office, if necessary. Do NOT wear hats, caps, sunglasses etc. while taking photo.
5. Application packets that are missing any of these materials will be denied and returned to the applicant.

Mail or deliver original copies to:

Mountain Lakes Regional EMS Council
375 Bay Road, Suite 202
Queensbury, NY 12804

Mountain Lakes Regional EMS Council ALS Provider Credentialing Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: - - Cell Phone: - -

E-mail Address: _____

Please Check One: Original Credentialing Refresher Credentialing

Please check the level that you are applying for:

AEMT Critical Care Paramedic

Primary Agency: _____

Other Agency Affiliations: _____

Primary Agency
Medical Director: _____

Please list all previous experience
(Include all BLS & ALS experience and any allied Health Care experience, including agencies, regions and facilities):

I hereby apply to the Mountain Lakes Regional Emergency Medical Services Council Regional Emergency Medical Advisory Committee (REMAC) for privileges to practice as an 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.

Applicant's Signature: _____ Date: _____