

## North Country Regional EMS Council, Inc.

"Serving Jefferson, Lewis & St. Lawrence Counties" www.fdrhpo.org/ems

## North Country REMAC Application for BLS Agency to Perform Blood Glucose Monitoring

Agency Name		Agency Code	
Address			
Mailing address		City	Zip
Contact	Title	Limited I	_ab Reg #
Daytime phone number		Email	
Agency Medical Director		# of trained pro	oviders
Representative responsible for E	BLS Glucometer Testing Ca	re:	
Name:		Contact Phone # _	
Agency QA/QI Coordinator:			
Name:		Contact Phone #: _	
<ul> <li>A completed NYS Depa application for blood tes the authorizations from the authorizations from the authorizations from the authorizations from the authorizations of written Policies local protocols, to includ Training and do Defined QA proposition Documentation Storage of glucoses as CEO of the above agency, I aglucose monitoring and will be reprotocols. I also agree that all B</li> </ul>	the Clinical Laboratory, is and Procedures for the operation of authorized upgram, including appropriate of control testing process ometer and proper disposal agree to the requirements sesponsible to make sure the clood Glucose monitor operations.	poratory Limited Laboral imited Service Laboral peration of the glucomusers ness review by the Agorf sharps at forth in the NCEMS at the providers in the ators will successfully	atory Registration), along with neter that are consistent with gency Medical Director  6-REMAC protocol on blood agency follow those regional complete the required
training with an approved instruc QA/QI Coordinator at least yearl		of this training will be	submitted to the Regional
Name	Title	Dat	e
Date of approval by REMAC _			