FDRHPO EMS Program Agency

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

NORTH COUNTRY BLS Adjuncts Notice of Intent (NOI) and Application

Agency Name:		Agency Cod	le:
Agency Medica	al Director:		
Agency Directo	or/Chief:		
regional tracking of ad	ljuncts require a Notice of Intent juncts that are now part of the B or multiple adjuncts, only one (1	LS curriculum but should b	e tracked by the region.
Albuterol Nal	oxone Syringe Epinephrine Moxiflox	BLS Blood Glucometry xacin	Epi Auto-Injector
	be attached to this form for Syrin d for BLS Blood Glucometry and		
paperwork must be sub formal action is taken of Regional Medical Dire documents are submitt Verification form is rec	ljuncts require approval from the pmitted to the Program Agency to the application for the following ctor can grant provisional approval. If applying for multiple adjunquired.	wo weeks prior to the REMing BLS Adjuncts. In certain val to an Agency so long as	AC Meetings to ensure n circumstances, the all appropriate
BLS CPAP			
	OH 4362 Il Items found on the CPAP Appl	ication Check List	
BLS 12 Lead			
• Co	DOH 4362 Copies of written policies and procedures for BLS 12 Lead Acquisition including means of transmission to the Hospital		
Agency Medical Direc	tor	Agency 1	Director/ChiefProgram
Agency Use Only:	D (D ' 1	D 1 .	10 1
Date Received: REMAC/REMSCO Ap		Provisional App pmitted to NYS:	PA Initials