



# 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 )

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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?

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Please attach copies of any cards/certificates