



North Country Regional Emergency

Medical Services Council

“Serving Jefferson, Lewis & St. Lawrence Counties”

www.fdrho.org/ems

APPLICATION FOR MEMBERSHIP

Name: _____

Residence Address: _____

Mailing Address: _____

Phone Number: (____) _____ Cell Number: (____) _____

Email: _____

Are you at least eighteen (18) years of age? Yes _____ No _____

How long have you lived or worked in Jefferson, Lewis or St. Lawrence County? Years _____

The North Country REMSCO values diversity. Do you currently belong to a fire department or ambulance service? If yes, provide name, address and years of service. If no, what type of knowledge and/or experience can you bring to the Council?

Below please list any emergency medical experience that you currently have. Please include any of the following: EMT level, nursing, CLI, CIC.

Training	Date Completed	License Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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Are you a citizen of the United States? Yes No

Employment Information:

Name	Address	Position	Dates of Employment
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_____	_____	_____	_____
_____	_____	_____	_____

What is your highest grade/level of education completed? _____

Have you ever been convicted or plead to a criminal offense? Yes No

Provide offense convicted of: _____

Date of conviction: _____

Do you have any pending arrests? Yes No

Have you ever been convicted of a NYS Bureau EMS violation? Yes No

If so, what violation? _____

Have you ever been suspended, disciplined or permitted to resign in lieu of termination from any

job/organization? If yes, please explain: _____

Have you ever been denied a license or certification for a business, trade or profession (e.g. certified public accountant, real estate broker, physician assistant, EMT or paramedic) or other certifying body or organization?

If yes, please explain: _____



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Have you ever been suspended, censured, had restrictions on your ability to clinically practice, or otherwise reprimanded or disqualified as a member of an EMS profession, or another profession or as a holder of public office?

If yes, please explain: _____

Have you ever had a judgment against you in any civil or administrative proceeding, or any proceeding where you were disciplined or found guilty of fraud, deceit, misrepresentation, forgery or medical malpractice?

If yes, please explain: _____

Have you ever been excluded or are you currently excluded from participation in any federal or state health care program? Yes _____ No _____

If yes, please provide details (date, time, facts involved, current status, which program(s), and state (if applicable):

List three (3) character references. If representation from an agency (i.e. ambulance, fire, hospital) please include one character reference from that agency).

Name

Address



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THE NORTH COUNTRY REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL, INC. IS AN EQUAL OPPORTUNITY NOT-FOR-PROFIT COUNCIL (NCEMS REMSCO).

Discrimination because of race, color, religion, national origin, sex, age, or mental/physical disability is prohibited by law. Positions with NCEMS REMSCO are subject to all applicable laws.

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for denial of membership or revocation of membership if I become a member. I recognize that completion of this application does not mean that I will be accepted as a member and does not obligate NCEMS REMSCO to accept me as a member. If accepted for membership, I agree to abide by all rules, regulations and policies established by NCEMS REMSCO.

I hereby authorize NCEMS REMSCO to investigate my employment/volunteer history with former employers and volunteer organizations and to make any further investigation deemed necessary in connection with my application for membership, including a criminal history check, driving history check, child abuse clearance check, elder abuse clearance check, FBI background check and other such inquiries. I release NCEMS REMSCO and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished. I agree to immediately notify in writing within 5 days to the NCEMS REMSCO Chair of any instance in which I am arrested or convicted of any felony or misdemeanor.

I certify that I am not now nor have I ever been, excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded my membership with NCEMS REMSCO may be revoked. I agree to immediately notify within 5 days to the NCEMS REMSCO Chair if I learn that I am being excluded from participation in any federal or state health care programs.

Signature: _____ Date: _____

Membership Committee Recommendation Approval/Disapproval _____ Date: _____

Council Membership Approval/Disapproval: _____ Date: _____

Effective 5/19
Revision: A