



# North Country EMS Program Agency

“Serving Jefferson, Lewis & St. Lawrence Counties”

[www.fdrhpo.org/ems](http://www.fdrhpo.org/ems)

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## North Country Emergency Medical Services Rapid Sequence Induction Program RSI Provider Application

*Please Clearly Print All Information*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone:( )-\_\_\_\_\_ Cell Phone:( )-\_\_\_\_\_

Email: \_\_\_\_\_

### **Paramedic Education**

Training Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone:( )-\_\_\_\_\_

### **Additional Certifications**

Class	Date First Certified	Current Card Expiration	Most Recent Class Location
EMT-P			
ACLS			
PALS			
CPR			
DAMS Class			
Simulator Training Dates			
Simulator Draining Dates			

**Please attach copies of your current NY State Paramedic Certification and all other certifications you have listed above**



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**\*\* CQI AT AGENCY LEVEL CONCERNS REMAC!!!!!!**

## **Continuing Medical Education**

Refresher Classes:

Date-	Location

Additional Continuing Medical Education attended in last two years:

Date-	Topic-	Location-

## **Current Employment:**

Location: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Dates: \_\_\_\_\_  
 Reference: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## **EMS Agency Affiliation**

Agency	Position	Dates of Affiliation

*Please list all agencies affiliated with since practicing as an ALS provider. Attach Additional Pages as needed*

## **Application Agreement**

Fort Drum Regional Health Planning Organization | 120 Washington Street, Suite 230, Watertown, NY 13601

Office: (315) 755-2020 ext. 56 · Fax: (315) 755-2022 | [www.fdrhpo.org/ems](http://www.fdrhpo.org/ems)



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By signing this application, I agree to the following:

1. The Information contained in the application is truthful and accurate.
2. I waive the right to review my sealed letters of recommendation.
3. I agree to cooperate with a background check and waive the right to review confidential information obtained during the background check performed by the QA Committee in processing this application.
4. I understand that any incomplete or late applications will not be accepted by the Committee.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Additional Application Requirements**

1. A letter of recommendation from Agency Director of Operations. In addition to being a letter of recommendation for you entering the program, this letter should include a description of your current job duties. The letter should be sealed and included with this application.
2. A letter of support from your Agency Medical Director. The letter should be sealed and included with this application.
3. A copy of your current NYS Paramedic certification, ACLS certification, and any other EMS related certification documents (eg. PALS, BTLIS, PHTLS, etc) should be included with this application.

### **NCEMS/REMAC Use Only**

	Date	Signature		√
Application Received			Application	
Regional MD Review			Certifications	
REMAC QA Review			Director of Ops LoR	
Prerequisites Met			Agency MDLoR	
RSI Class Completed				
RSI Credentialing Complete				