



North Country EMS Program Agency

“Serving Jefferson, Lewis & St. Lawrence Counties”

www.fdrhpo.org/ems

CME Information Update Request

To assure our information regarding your agency is up to date NCEMS will periodically ask that you complete the following request. This form can be mailed, faxed or e-mailed. An electronic copy can be found at https://ncemsprogramagency.org/images/CME_INFO_REQUEST.pdf

Date: _____

Agency Name: _____

• **Primary EMS Contact Name:** _____

Title _____ (chief, director, president etc.)

Contact Info:

Phone: _____ Alternate phone # _____

Email: _____

• **CME Manager Contact Name:** _____

Phone: (preferred #) _____ Alternate phone # _____

Email: _____

• **CQI Contact Name:** _____

Phone: (preferred #) _____ Alternate phone # _____

Email: _____

• **EPCR Manager Contact Name:** _____

Phone: (preferred #) _____ Alternate phone # _____

Email: _____