



FDRHPO North Country EMS Program Agency

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

fdrhpo.org/ems

Mountain Lakes ALS Provider Notice of Change in Primary Agency

Date of Submission: _____ / _____ / _____

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Primary Phone: _____ Type: _____

NYS DOH EMT #: _____ Mountain Lakes ALS Tech #: _____

Previous Primary Agency Name: _____

New Primary Agency Name: _____

ALS Provider Signature: _____

New Primary Agency Official Name & Title: _____

New Primary Agency Official Signature: _____

New Primary Agency Medical Director Name: _____

New Primary Agency MD Signature: _____

Submit completed forms to: Paperwork@FDRHPO.org or fax to (315)755-0717