



# North Country EMS Program Agency

“Serving Jefferson, Lewis & St. Lawrence Counties”

www.ncemsprogramagency.org

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## Provider Update Form

<b>Provider Name</b>				
<b>Address</b>				
<b>Town</b>		<b>State</b>	<b>Zip</b>	
<b>Day Phone#</b>	<b>Night Phone #</b>		<b>Cell Phone #</b>	
<b>E-Mail Address</b>				
<b>Primary Agency</b>			<b>Secondary Agency</b>	
<b>Level of Care (Circle or underline one)</b>	<b>EMT-B</b>	<b>AEMT- I</b>	<b>AEMT- CC</b>	<b>AEMT-P</b>
<b>EMT #</b>		<b>EMT Card Expiration Date</b>		

Please complete this form and mail, fax, or copy and send to our office via e-mail every time you change level of care, agencies, phone #, or address (including e-mail) or renew your card

e-mail: [ncemspa@fdrhpo.com](mailto:ncemspa@fdrhpo.com)

mail: North Country EMS Program Agency  
120 Washington Street  
Suite 200  
Watertown, NY 13601



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