



North Country EMS Program Agency

“Serving Jefferson, Lewis & St. Lawrence Counties”

www.ncemsprogramagency.org

North Country REMAC Application for BLS Agency to Perform Blood Glucose Monitoring

Agency Name _____ Agency Code _____

Address _____
Mailing address _____ City _____ Zip _____

Contact _____ Title _____ Limited Lab Reg # _____

Daytime phone number _____ Email _____

Agency Medical Director _____ # of trained providers _____

Representative responsible for BLS Glucometer Testing Care:

Name: _____ Contact Phone # _____

Agency QA/QI Coordinator:

Name: _____ Contact Phone #: _____

_____ requests authorization from REMAC to permit BLS providers to perform Blood Glucose testing in compliance with NYS and North Country EMS protocols. Attached to this application are the following items:

- A letter from the Agency Medical Director supporting the request and indicating an understanding of their role in the Clinical Lab requirements and quality assurance process,
- A completed NYS Department of Health Clinical Laboratory Limited Laboratory Registration application for blood testing licensure (DOH-4081 Limited Service Laboratory Registration), along with the authorizations from the Clinical Laboratory ,
- Copies of written Policies and Procedures for the operation of the glucometer that are consistent with local protocols, to include:
 - Training and documentation of authorized users
 - Defined QA program, including appropriateness review by the Agency Medical Director
 - Documentation of control testing process
 - Storage of glucometer and proper disposal of sharps

As CEO of the above agency, I agree to the requirements set forth in the NCEMS-REMAC protocol on blood glucose monitoring and will be responsible to make sure that the providers in the agency follow those regional protocols. I also agree that all Blood Glucose monitor operators will successfully complete the required training with an approved instructor and that documentation of this training will be submitted to the Regional QA/QI Coordinator at least yearly.

Name _____ Title _____ Date _____



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Date of approval by REMAC _____