



North Country EMS Program Agency

“Serving Jefferson, Lewis & St. Lawrence Counties”

www.ncemsprogramagency.org

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



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Application Agreement

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, BTLS, 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				