

Mountain Lakes Regional EMS Council

ALS Technician Credentialing Application

ALS Solo Technician Credentialing Process

All applicants must complete the Mountain Lakes Regional EMS Council Credentialing Application Packet. This Packet must include the following:

Mountain Lakes Regional EMS Council REMAC Medical Control Authorization Form – Please note that this form must be authorized by the Medical Director of the Medical Control Service Area the Applicant will be serving.

A signed letter of request from the primary agency – Every applicant must submit a letter of request from their primary agency requesting that they put on-line at the level they are seeking. This request is to be on the agency's letterhead and signed by an approved officer. Letters signed by the applicant will not be accepted. **Please note: Applicants can only list one primary agency and can only fall under one Medical Control Service Area**

A copy of Certification Card – Applicants must include their current certification card at the level being requested.

A copy of a BLS CPR Provider Card – Applicants must submit a current AHA BLS CPR Healthcare Provider Card.

A digital picture – Photo must be against a plain white background and should be of your shoulder up. Mountain Lakes Regional EMS Council has the ability to take digital photos at our Glens Falls Office. There is no charge for the digital photo taken at the Mountain Lakes Regional EMS Council office.

Application packets that are missing any of these materials will be returned to the applicant as incomplete.

Please mail applications to:

**Mountain Lakes Regional EMS Council
375 Bay Road, Suite 202
Queensbury, NY 12804**

Mountain Lakes Regional EMS Council

ALS Technician Credentialing Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: [][]-[][]-[][][][] Work Phone: [][]-[][]-[][][][]

Fax : [][]-[][]-[][][][] Current Tech # (if applicable): _____

E-mail Address: _____

NYS EMT # _____ Expiration Date _____ / _____ / _____

Please Check One: Original Credentialing Refresher Credentialing

Please check the level that you are applying for:

AEMT Critical Care Paramedic

Primary Agency: _____

Other Agency Affiliations: _____

Please check which QA/QI group that you're affiliated with:

- | | |
|---|--|
| <input type="checkbox"/> Glens Falls Sub region | <input type="checkbox"/> Clinton County |
| <input type="checkbox"/> Tri-Lakes | <input type="checkbox"/> Alice Hyde Medical Center |
| <input type="checkbox"/> SAEMS | <input type="checkbox"/> FACT |
| <input type="checkbox"/> E-Town Community | <input type="checkbox"/> Washington County |

Medical Director: _____

Please Indicate all Certifications and their date of expiration below:

Certification: _____	Date: _____
Certification: _____	Date: _____
Certification: _____	Date: _____

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Please list all of your Experience (Include all BLS & ALS experience and any allied Health Care experience):

I hereby apply to the Mountain Lakes Regional Emergency Medical Services Council Regional Emergency Medical Advisory Committee (REMAC) for privileges to practice as an Advanced Emergency Medical Technician. I will abide by all applicable New York State and Regional Patient Care Protocols as well as Regional Continuing Medical Education (CME) requirements. I understand that the privilege to practice as an Advanced Medical Technician May be suspended or revoked by the REMAC for just cause.

Applicant's Signature: _____ **Date:** _____

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Medical Control Authorization (to be filled out by Medical Director)

[Print Name] _____ Is hereby authorized to:

1. Function as an ALS Provider in the following Medical Control Service area:

Choose One

- Glens Falls Sub-Region
- Tri-Lakes
- SAEMS
- Clinton County
- E-Town Community
- Washington County

2. Provide critical care and/or advanced life support utilizing necessary equipment and supplies to current protocols and standing orders as provided by the Mountain Lakes REMAC. Critical and/or ALS care will be provided under the direction of the local Medical Director, contingent upon:

- A. Maintaining on-line Status
- B. Participating in CME and QA/QI per requirements
- C. Maintaining all licensure requirements and certifications
- D. Meeting the medical standards set forth by the Mountain Lakes REMAC and N.Y. State

3. Receive ALS privileges under the license of the Medical Director, recognizing that the license extension is a courtesy, not a right, and if infringed upon, the Medical Director may withdraw privileges at any time for any reason.

Medical Director Authorization

MD Name Printed _____

MD
Signature: _____ Date: _____
(Medical Director of Medical Control Service area listed above)