

Level of Certification (check one)  EMT-P  EMT-I

NYS EMS Certification # \_\_\_\_\_ Current Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please Type or Print Legibly*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Primary ALS Agency\* \_\_\_\_\_ Agency Code \_\_\_\_\_

Secondary ALS Agency \_\_\_\_\_ Agency Code \_\_\_\_\_

(\* Note: Change of primary agency requires completion of a change of primary agency document)

**I affirm that:**

1. A. In accordance with the requirements of 10 NYCRR 800 for certification or re-certification as an Emergency Medical Technician or Advanced Emergency Medical Technician I have not been convicted of any crime or crimes related to murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs.

**OR**

B. An investigation has been conducted by the New York State Dept of Health, Bureau of EMS concerning prior conviction(s) for such crimes as listed in "A" and that a determination has been made permitting certification or continuing certification as an EMT or AEMT.

2. Nor am I currently under charge for such crimes as listed in 1-A.

3. I have read and agree to abide by the Regional Credentialing Policies as promulgated by the Westchester Regional Emergency Medical Advisory Committee (REMAC). I understand that failure to do so may result in the loss of my regional privileges to provide ALS care.

4. I understand that it is my responsibility to advise the Westchester REMAC of any changes in contact information or agency affiliation and that unanswered or unclaimed mail sent via USPS by the REMAC still constitutes a legal notice.

5. The following documentation is attached to this application:

- ▶ Copy of Valid NYS EMS Certification Card  If not, check one  I have taken an NYS Certification Exam prior to my expiration date.  I applied for renewal through the CE Recertification Program prior to my expiration date.
- ▶ Copy of Valid Driver's License or other State issued photo Identification
- ▶ Credentialing Renewal Support Form (Completed by Primary Agency of Record)

**Further, I hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as the applicant.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ORIGINAL DOCUMENTS MUST BE MAILED OR HAND DELIVERED TO THE WREMS OFFICE.  
FAXED COPIES ARE NOT ACCEPTABLE.

4 Dana Rd. Valhalla, NY 10595 P (914) 231-1616 F (914) 813-4161 [www.wremSCO.org](http://www.wremSCO.org)