



Westchester REMAC Collaborative QI Committee Supplemental Credentialing Report

EMS Agency _____ QI Committee _____

NYS Agency Code _____ Primary Receiving Hospital _____

EMS Credential Review

Date of last credential review: _____ Total of EMS personnel: _____

of: CFR _____ EMT-B _____ EMT-I _____ EMT-CC _____ EMT-P _____

Are all personnel's New York State Certifications current? (Y / N) _____

Are all ALS personnel's WREMAC credentials current? (Y / N) _____

Are all other required personnel certifications current? (Y / N) _____

If any of the above answered "No", please explain:

Verification

Agency Quality Improvement Officer Signature _____ Agency Medical Director Signature: _____

Please submit a copy of this form along with the QI meeting minutes to the Westchester Regional Emergency Medical Advisory Committee no later than June 30th or December 31st respectively.