



**Westchester Regional Emergency Medical Advisory Committee  
ALS Agency Paramedic Protocol Update Completion  
(AHA Changes)**

Please type or print legibly.

**Medical Director** \_\_\_\_\_

**Medical Director Address** \_\_\_\_\_

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

**MD Phone** (     ) \_\_\_\_\_ **MD Fax** (     ) \_\_\_\_\_

**Agency Name** \_\_\_\_\_

**Agency Code** \_\_\_\_\_

**Agency Address** \_\_\_\_\_

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

**Contact Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Agency Phone** (     ) \_\_\_\_\_ **Agency Fax** (     ) \_\_\_\_\_

**The Service Medical Director affirms that this Westchester REMAC approved ALS agency has completed the following regional update process:**

- ▶ All Credentialed Paramedics for whom this service is the Primary Agency of record have:
  - Completed a Service Medical Director approved training program of the 2005 treatment algorithms found in the AHA ACLS and PALS courses, **OR**
  - Submitted proof of completion of an ACLS and PALS original or refresher course after July 1, 2006.
- ▶ All Credentialed Paramedics for whom this service is the Primary Agency of record have:
  - Been provided a copy of the amended sections of the Westchester Region Paramedic Protocols.
  - Successfully passed a Service Medical Director approved written evaluation tool testing the Paramedics' comprehension of the changes.
- ▶ The agency has on file for inspection on demand by the Westchester REMAC for all Paramedics active with it's service (as appropriate):
  - Documentation of all training or proof of training for all Credentialed Paramedics for whom this service is the Primary Agency of record.
  - Affirmation from another REMAC authorized ALS agency acting as Primary Agency of Record that a Paramedic has completed the required training.

Both the Service Medical Director and the Chief Executive EMS Officer of the above agency understand that the 2005 AHA Guidelines represent the standard of acute cardiac care in New York State and the Westchester Region. Paramedics who have not completed the update process as stated by the March 31, 2008, deadline will not be allowed to provide care until such time as they meet all requirements.

\_\_\_\_\_  
Signature of Service Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief Executive EMS Officer

\_\_\_\_\_  
Date

**To be completed by the Regional EMS Office**

**Received By/ Date**

\_\_\_\_\_