



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

Please type or print legibly.

Paramedic Name _____

Paramedic Address _____

City _____ **State** _____ **Zip** _____ **Email** _____

Phone () _____ **NYS EMT-P #** _____

Primary ALS Agency Name _____

NYS Agency Code _____

Officer Name _____ **Title** _____

Officer Phone () _____ **Email** _____

The above named Westchester REMAC authorized ALS Agency affirms that it is the Primary Agency of Record for this Paramedic and he/she has completed the required process for the Westchester REMAC Paramedic Protocol update. This ALS agency has available on demand records that this Paramedic has:

- ▶ *Completed a Service Medical Director approved training/testing of the 2005 AHA ALS treatment algorithms **OR** submitted proof of completion of an ACLS and PALS original or refresher course after July 1, 2006.*
- ▶ *Been provided a copy of the amended sections of the Westchester Region Paramedic Protocols **AND** successfully passed a Service Medical Director approved written evaluation tool testing comprehension of the changes.*

The below signed hereby certify that all of the information contained in this application is true and correct.

Name, Primary Agency Chief Operating Officer or QI Coordinator	Signature	Date
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Name, Paramedic	Signature	Date
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This affirmation has been requested for the records of:

ALS Agency Name _____

NYS Agency Code _____

ORIGINAL DOCUMENTS WITH ORIGINAL SIGNATURES MUST BE MAILED OR HAND DELIVERED TO REQUESTING ALS AGENCY. FAXED COPIES ARE NOT ACCEPTABLE.