Mountain Lakes Regional EMS Council

ALS Solo Technician Credentialing Process

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

1. **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.
2. **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
3. **A copy of Certification Card –** Applicants must include their current certification card at the level being requested.
4. **A copy of a BLS CPR Provider Card –** Applicants must submit a current AHA BLS CPR Healthcare Provider Card, ARC Professional Rescuer Card or equivalent.
   (A community CPR card, Instructor card, PALS card or an ALS card are not acceptable.)
5. **A digital picture –** Mountain Lakes Regional EMS Council has the ability to take digital photos at our Queensbury Office and at the Clinton County Office of Emergency Services. 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:

5 Warren Street
Glens Falls, NY 12801

Mountain Lakes Regional EMS Council

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: ☐☐☐-☐☐☐☐-☐☐☐☐ **Work Phone:** ☐☐☐-☐☐☐☐-☐☐☐☐

Fax : ☐☐☐-☐☐☐☐-☐☐☐☐ **Current Tech # (if applicable):** _____

E-mail Address: _____

Please Check One: ☐ **Original Credentialing** ☐ **Refresher Credentialing**

Please check the level that you are applying for:

☐ **EMT-Intermediate** ☐ **EMT-Critical Care** ☐ **EMT-Paramedic**

Primary Agency: _____

Other Agency Affiliations: _____

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

- ☐ **Glens Falls Sub region**
- ☐ **Tri-Lakes**
- ☐ **SAEMS**
- ☐ **E-Town Community**
- ☐ **Clinton County**
- ☐ **Alice Hyde Medical Center**
- ☐ **FACT**
- ☐ **Washington County**

Medical Director: _____

Please Indicate all Certifications and their date of expiration below:

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

Mountain Lakes Regional EMS Council

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 Medical Control Board (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:** _____

This Application must include the following to be complete:

Medical Control Authorization Form

A signed letter or request from the primary agency (it should be on agency letterhead signed by an officer within the agency other than the applicant)

A copy of your New York State Certification Card at the level that your requesting

A copy of your BLS CPR provider card

A copy of your Drivers License or other Photo ID

A digital picture (photo accommodations are available in some locations, please call for availability at (518)793-8200 between 8am and 4pm Monday Through Friday)

Mountain Lakes Regional EMS Council

Medical Control Authorization Form

[Print Name] _____ Is herby 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)