



Mountain Lakes Regional EMS Council

333 Aviation Rd
BLDG A Suite 1
Queensbury, NY 12804
www.nenyems.org

Phone: (518)793-8200

Fax: (518)793-5833

Change of Primary Agency Form

Date of Submission: / /

Name: _____ Tech Number: _____
Please Print

Address: _____
Please Print

City: _____ State: Zip:

Home Phone: - - Day Phone: - -

E-mail: _____

Former Primary Agency: _____

New Primary Agency: _____

QI/QA Affiliation: _____ Previous Medical Director: _____

New Medical Director: _____

Instructions: ALS Technicians are responsible for filling this form out completely. You are required to have it signed by your new primary agency's **Captain** or **Chief**, **the new Medical Director** (if applicable) as well as your own signature. You must also include a letter from your new primary agency requesting the update with The Council. Please mail or fax the completed form and agency letter to: **Mountain Lakes Regional EMS Council, 333 Aviation Rd, Building A – Suite 1, Queensbury, NY 12804.**

*The signatures below indicate that the information provided in the above form is true and correct. I understand that any falsification of this record **may result in the loss of my regional "online" privileges.** Your Agency's Medical Director or Mountain Lakes reserves the right to inspect supporting documentation at any time.*

Primary Agency Official

(Please Print Name)

(Please Sign Name)

ALS Tech.

(Please Print Name)

(Please Sign Name)

New Medical Director (If applicable)

(Please Print Name)

(Please Sign Name)