



ALS Agency Compliance with REMAC Advisory 08-11 (ALS Drugs)

Date: / /

Agency Name: _____

Please circle the appropriate statement to indicate your agency's compliance with REMAC advisory / policy 08-11:

- a) *Our agency holds a NYS issued controlled substance license and we are in full compliance with 08-11.*

- b) *Our agency has submitted to NYS DOH BEMS, an application for controlled substances and is therefore in compliance with 08-11.*

Any agency that possesses a NYS issued controlled substance license must submit a copy of the license with this form.

(Agency official name)

(Agency official signature)

**Mountain Lakes Regional EMS Council
5 Warren Street
Glens Falls, NY 12801
(p) 518.793.8200
(f) 518.793.5833**