



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)



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Medical Control Authorization Form

[Print Name] _____ Is hereby 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 grand rounds 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)

Regional Medical Advisory Committee Medical Directors

Michael Pond, MD - Tri-Lakes
John Broderick, MD - Tri-Lakes
Harry Davis, MD – E-Town Community
Robert Desiderio, MD - Glens Falls Sub-Region
Russell Hartung, MD - Clinton County
Ray Keller, MD - FACT

Christian Lamarre, MD - Tri-Lakes
William Viscardo, MD - Tri-Lakes
Charles Gibbs, MD - Franklin County
Chip Esper, MD - Glens Falls Sub-Region
Doug Girling, DO – Glens Falls Sub-Region
Jonathan Beach, DO – Clinton County