

**Agency Request to use  
BLS Nebulized Albuterol**

The \_\_\_\_\_, hereby requests to be authorized to use Albuterol at the EMT level. We agree to abide by the following:

1. We will accept and maintain all necessary equipment, ensuring that nebulizer equipment will be made available for use by all EMT who have received the training.
2. Only an EMT that has successfully completed the nebulized Albuterol Administration Training Program will be authorized to provide this treatment in accordance with the BLS protocol SC-4.
3. Our agency and personnel agree to follow all program policies, procedures and protocols set forth by the Nassau REMAC.
4. We will provide continuing education to insure maintenance of competencies.
5. Our agency agrees to participate in the Regional Quality Improvement Program.
6. If our agency or one of our personnel disregards these guidelines and/or other applicable protocols, the privilege of providing nebulized Albuterol at the EMT level may be revoked or suspended by Nassau REMAC.
7. Any changes of the below signers will be reported to the Nassau REMAC within 30 days.

The signatures below certify that the above request is being made and that we will be responsible for all aspects of participation in this Regional program.

\_\_\_\_\_  
*Authorized Agency Representative - Signature*

\_\_\_\_\_  
*Agency Medical Director – Signature*

\_\_\_\_\_  
(Print Name & Title of individual)

\_\_\_\_\_  
(Print Medical Director's Name)

DATED:\_\_\_\_\_