

Certified EMS Agency Information Update Form

Name of Agency _____ DOH Agency ID Number: _____
Name

DBA or Assumed Name (if any) _____

Physical Location / Address _____
City State Zip Code

Service Mailing Address _____
City State Zip Code

County _____

Phone Numbers _____
Business Phone Fax

FEIN*** _____
Federal Employer ID Number

Emergency Phone Numbers Direct 10 Digit Number: _____ Check if Called Through 911

Chief Operations Officer _____
Name Title

_____ Day Phone Night Phone Home Phone Cell / Pager

_____ Email Address

Dispatching Agency _____ Check if Self Dispatched
Name

Dispatch Communications Radio Frequency: _____ FCC Call Sign: _____

Number of Certified Providers CFR: _____ EMT: _____ AEMT**: _____ Critical Care**: _____ Paramedic**: _____

Number of Response Vehicles Ambulance: _____ EASV: _____ ALS-FR: _____

Service Medical Director _____
Name NYS License #

REMAC Authorized Level of Care (Check Highest Level *) EMT AEMT EMT-CC EMT-P

Number of EMS Calls Annually Total Number of Calls Dispatched: _____ Number of Emergency Calls: _____

Person Completing This Form _____
Name (Please Print Legibly) Title

_____ Signature Date

- * NOTE: ALS levels of care require written REMAC approval. Contact your REMSCO for ALS credentialing criteria.
- ** NOTE: ALS Certified personnel may ONLY provide care at BLS level when responding with BLS authorized services.
- *** NOTE: Federal Employer ID # must be provided for any service intending to apply for EMS training reimbursement from NYSDOH or that receives provider reimbursement / funding from Medicare or Medicaid.

REMINDER: Please submit an update for your agency if your location, mailing address, chief of operations or contact information / phone numbers change. – THANK YOU! –

Certified Services: Please complete form with your information and send it to the address below. If you have questions about filling out this form, please contact the DOH Bureau of EMS, Operations Section for assistance at 518-402-0996

Return Completed Form to: Attn: Agency Update – OPS
NYS DOH Bureau of EMS
875 Central Avenue
Albany, New York 12206-1388
Fax: (518)402-0985

Send Copy To:

Nassau Regional EMS Council
131 Mineola Blvd. Suite 105
Mineola, NY 11501-3919
Fax: (516) 542-0049

Do Not Write or Mark in Box Below			
Update Received:	Data Entry:	Entry By:	Notes: