



# NASSAU REGIONAL EMS COUNCIL INC.

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## CREDENTIALING APPLICATION

Type of Application (choose one)      Original      Renewal      Today's Date: \_\_\_\_\_

From:      Nassau County EMS Academy  
         Nassau County Fire Police EMS Academy  
         North Shore Center for Innovation and Learning

|  |   |
|--|---|
| <b>Last Name</b>                                   |   |
| <b>First Name</b>                                  |   |
| <b>Street Address</b>                              |   |
| <b>City, State, Zip Code</b>                       |   |
| <b>Telephone Numbers</b>                           | <b>Home:</b> _____ <b>Cell:</b> _____   |
| <b>E-Mail Address</b>                              |   |
| <b>NYS Certification</b>                           | <b>EMT-P #</b> _____ <b>EMT-CC #</b> _____ <b>Expiration:</b> ____/____/____  |
| <b>Credentialing Exam</b>                          | <b>Date of Exam:</b> ____/____/____ <b>Grade:</b> _____                       |
| <b>Current Driver's License</b>                    | <b>License No.</b> _____ <b>State</b> _____ <b>Expiration:</b> ____/____/____ |
| <b>List name(s) of all supporting EMS Agencies</b> |   |

I certify that the above information is true and accurate.

Provider Name (printed): \_\_\_\_\_ Provider Signature: \_\_\_\_\_

### FOR ADMINISTRATION USE ONLY

Please ensure the following documents are attached:

- An original signed letter from all supporting EMS Agencies      Exam Scoring Sheet
- Copy of NYS EMT Credentials      Copy of Driver's License

If box is initialed, this document will serve as proof that the above named ALS Provider has submitted all required documentation and has met credentialing requirements set forth by Nassau REMAC. A copy of this document will serve as temporary credentials and will authorize the provider to practice advanced life support protocols in Nassau County. An official photo identification card will be issued to the candidate.

Academy Official (printed): \_\_\_\_\_ Signature: \_\_\_\_\_