

Midstate

Regional Emergency Medical Services Council
Oneida, Herkimer & Madison Counties Upstate N.Y.

**Midstate Emergency Medical Services
Rapid Sequence Intubation Program
RSI - Provider Application**

Name: _____ EMT# _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Paramedic Education Training Location: _____

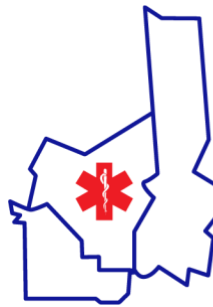
Address: _____ City: _____ State: _____ Zip
Code: _____

Contact Person: _____ Phone: (____) _____

Credential Information

Class/Certification	Date of Completion	Expiration Date	Class Location
Paramedic			
ACLS			
CPR			
RSI/Airway Course			

****attach current copies of ALL certifications listed above****



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Employment/Employer Information

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position: _____

Circle One: Full Time / Part Time / Per Diem

Date(s) of Employment: _____

Phone: (____) _____ Ext: _____

Attestation

By signing this application, I agree to the following:

1. The information contained in this application, to include the attached supporting documentation, is factual and accurate.
2. I waive the right to review my SEALED letters of recommendation.
3. I agree to cooperate with a background check and waive the right to review confidential information obtained during the background check performed by the QA Committee in processing the application.
4. I understand that incomplete applications will not be accepted for review.

Name (print): _____ EMT# _____

Signature: _____ Date: _____



Application Requirements

1. A letter of recommendation from your Agency Director of Operations. In addition to being a letter of recommendation for you entering the program, this letter should include a description of your current job duties. The letter should be **sealed** and included with this application.

2. A letter of support from your Agency Medical Director. The letter should be **sealed** and included with this application.

3. A copy of your current NYS Paramedic certification, ACLS certification, Difficult Airway Management certification, and any other EMS related certification documents (eg. PALS, BTLS, PHTLS, etc) should be included with this application.

Midstate EMS Use Only

	Date	Signature	Complete Status	x
Received			Application CV/Resume/References	
Regional MD Review			Certification(s)	
QA Committee Review			Director of Ops Letter	
Approved/Denied			Agency MD Letter	