NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

AGENCY REGISTRATION FORM
Continuing Education Recertification Program

Print Neatly in UPPER CASE Letters - Complete ALL Information - Incomplete forms will be denied and returned

Agency Code

Agency Name

Address

City

State

Zip Code

County
(First Four Letters)

Business Phone
(Area Code)

Fax Number
(Area Code)

Agency Contact / Program Coordinator

First Name

MI

Last Name

Title

Address

City

State

Zip Code

Home Phone
(Area Code)

Work Phone
(Area Code)

Other Phone
(Area Code)

E-Mail Address

As a participating agency in the Continuing Education Recertification Program, This agency will ensure the following:

- The agency will abide by all requirements set forth in the Pilot Program Administrative Manual and any other policy statements, memorandums, etc. distributed by the NYS DOH BEMS.
- An Agency File listing all participants in the program and their progress will be kept up to date on site.
- An Individual File for each participant containing record of CME will be kept up to date on site. If a contracted third party maintains these files, a copy of the contract and the physical location of the files must accompany this application.
- The Bureau of Emergency Medical Services or its designee may inspect all files pertaining to the program upon reasonable request.
- Guidelines for the Continuing Education Recertification Program published by the New York State Department of Health Bureau of Emergency Medical Services are met.
- That each participant recertification request and all necessary documentation is forwarded to the Bureau of Emergency Medical Services no less than 45 days before the participant's current certification expires.

Printed Name of Agency Agent

Signature of Agency Agent

Date

Medical Director

First Name

MI

Last Name

Address

City

State

Zip Code

Phone

(Area Code)

NYS License Number

As Medical Director for this Agency's Continuing Education Program I accept responsibility for:

- Medical Oversight of content for in-house CME sessions (Those not conducted by a NYS Instructor as part of Core Material review)
- Completion of core material review by all participants
- Verification of skills proficiency for all participants
- Reading and abiding by all requirements set forth in the Pilot Program Administrative Manual and any other policy statements, memorandums, etc. distributive by the NYS DOH BEMS.

Printed Name of Medical Director

Signature of Medical Director

Date