**SUFFOLK COUNTY REGIONAL EMERGENCY MEDICAL SERVICES**
**RAPID SEQUENCE INTUBATION PROGRAM**

# AGENCY APPLICATION

**Please Clearly Print All Information**

Chief of Department: _____
Department Mailing Address: _____
Office Phone: _____
Cell Phone: _____
Email: _____
Highest Ranking EMS Officer Name: _____
Office Phone: _____
Cell Phone: _____
Email: _____

## NYS Department of Health Authorization

NYS DOH EMS Agency Certification Expiration: _____
Controlled Substance License Expiration Date: _____

## Agency Attestation

1. The _____ Department agrees to abide by the RSI
   {Insert agency name}
   Protocol, Policies and Procedures approved by the Suffolk County Regional Emergency Medical Services Advisory Committee, including agree to provide the paramedic the proper medications and equipment detailed in the Protocol and following all quality assurance requirements detailed in RSI Policy.
2. The _____ Department agrees to make the RSI paramedic
   {Insert agency name}
   Available to all EMS agencies (i.e. outside their home district) at all times when in service, in the Suffolk Region when RSI skills may be required and requested.

## Video Laryngoscope

Type of Equipment: _____

## Acknowledgements

Chief of Department: _____
{All Departments} {Signature} {Print Name} {Date}

Highest Ranking EMS Officer: _____
{For Fire Departments Only} {Signature} {Print Name} {Date}

***Agency Medical Director***

Agency Medical Director: _____

Mailing Address: _____

Office Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Signature: _____

***Already Approved RSI Paramedics***

Name: _____ EMT #: _____

Name: _____ EMT #: _____

Name: _____ EMT #: _____

Name: _____ EMT #: _____

Name: _____ EMT #: _____

Name: _____ EMT #: _____

***Potential RSI Paramedics***

Name: _____ EMT #: _____

Name: _____ EMT #: _____

Name: _____ EMT #: _____

Name: _____ EMT #: _____

Name: _____ EMT #: _____

Name: _____ EMT #: _____

**Mail or Fax (631-852-5028) copy of completed form, PCR and Capnogram, if available, to:**

**S.C. Department of Health Services**
**Div. of Emergency Medical Services**
**360 Yaphank Ave., Suite 1B**
**Yaphank, NY 11980 Attn: W.M. Masterton**