

**SUFFOLK COUNTY EMS DIVISION – REGIONAL EMERGENCY MEDICAL  
ADVISORY COMMITTEE (REMAC)  
RAPID SEQUENCE INTUBATION PROGRAM**

**RSI PROVIDER APPLICATION**

Please Clearly Print All Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Page: \_\_\_\_\_

Email: \_\_\_\_\_

**Paramedic Education**

Training Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

**Additional Certifications**

Class	Date First Certified	Current Care Expiration	Most Recent Class Location
CPR			
ACLS			
PALS			

Please attach copies of your current NY State Paramedic Certification and all other certifications you have listed above.

**Advanced Airway Class**

Program Name	Location	Date

Continuing Medical Education attended in last two (2) years:

Date	Topic	Location

Documentation of twelve (12) most recent Endotracheal Intubations:

Date	Name	PCR #	Agency	Verified (office use only)

**Current Employment**

Location: \_\_\_\_\_

Position: \_\_\_\_\_

Dates: \_\_\_\_\_

Reference: \_\_\_\_\_

Phone: \_\_\_\_\_

**EMS Agency Affiliation**

Agency	Position	Dates of Affiliation

Please list all agencies affiliated with since practicing as an ALS provider. Attach additional pages as needed.

**Application Agreement**

By signing this application, I agree to the following:

1. The information contained in the application is truthful 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 this application.
4. I understand that any incomplete or late applications will not be accepted by the Committee.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Additional Application Requirements**

1. A letter of recommendation from Agency ALS Chief. 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, and any other EMS related certification documents (eg. PALS, BTLS, PHTLS, etc.) should be included with this application.

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***SCEMS/REMAC Use Only***

	Date	Signature		√
Application Received			Application	
RSI MD Review			ncy MD LoR	
REMAC QA Review			ALS Chief LoR	
Certifications				
Class Completion				
RSI Tech Approval				

**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**