

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

RSI PROVIDER APPLICATION

Please Print All Information Clear and Neat

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

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 the last two (2) years:

Date	Topic	Location

Documentation of ten (10) most recent Endotracheal Intubations:

Date	Name	PCR #	Agency	Verified (office use only)

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 an 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 and any other EMS related certification documents should be included with this application.

REMAC / SC EMS Division Use Only

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

Mail the completed form and requirements to:

**Attn: William M. Masterton
Suffolk County Department of Health Services
Division of Emergency Medical Services
360 Yaphank Avenue, Suite 1B
Yaphank, NY 11980**