

REMO

Application for Medical Control Privileges

Name: _____
(Last) (First) (Middle Initial)

Address: _____

Home phone #: _____

Work phone #: _____

Email Address: _____

Date of Birth: _____ **Social Security #:** _____

Organizational Affiliation: _____

CURRENT CERTIFICATIONS:

New York State #: _____ Expiration date: _____
(EMT/AEMT)

CPR expiration date: _____ ACLS expiration date: _____

Instructor certifications: (check all that apply)

CIC [] CLI [] Number: _____ Expiration date: _____

First Aid [] exp. _____ CPR [] exp. _____

ACLS [] exp. _____ PALS [] exp. _____

PHTLS [] exp. _____ Other [] _____

Professional:

LPN [] RN [] NP [] PA [] State: _____ License #: _____

EDUCATION (check highest completed)

High school []	College []	1	2	3	4	Bachelors []	Masters []	Doctorate []		
Name of School(s) Attended	City/State	Dates		Graduate						
_____	_____	_____	_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	_____	_____	_____	Y	N
_____	_____	_____	_____	_____	_____	_____	_____	_____	Y	N

PREHOSPITAL EXPERIENCE (list agencies and length of experience)

WORK EXPERIENCE (list most recent employment history)

Employer	City/State	Position	Years there
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a crime (felony or misdemeanor) or been in violation of New York State Public Health Law? Y N

If Yes, please explain _____

Year you first earned EMT card: _____

Year you first earned A-EMT card: _____

Year you first became involved in EMS (include CFR, Driver, etc): _____

I certify the information contained above is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____