



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

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MI

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Last Name

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Address

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City

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State

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Zip Code

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Phone

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(Area Code)

NYS License Number

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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