



Bureau of Emergency Medical Services

# STATE OF NEW YORK DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

Richard F. Daines, M.D.  
Commissioner

**TO: Basic Life Support First Response Services**  
**FROM: Bureau of Emergency Medical Services**  
**RE: Applying for a DOH EMS Agency Code**

Thank you for your agency's interest in obtaining an agency code as a Basic Life Support First Response (BLSFR) agency. This packet of information and policies should assist in understand the role of a BLSFR Service. The first step if not already taken, is to contact the local EMS system for information on participating as an EMS provider agency. (See attached list of Regional EMS Councils)

Once an agency is municipally authorized to provide BLSFR service on a *regular and ongoing basis*, the agency may submit the required documentation detailed below and the service will be issued an appropriate EMS Agency Code number.

Please review the policy statements referred to on page 2 of this packet; #06-04, #09-03, #02-05 and #08-02. These polices are very relevant to BLSFR service activities. The Department has additional polices at the following WEB site:

<http://www.health.state.ny.us/nysdoh/ems/policy/policy.htm>

The submission of documentation for an Agency Code Number needs to contain the following:

- Evidence that the agency has municipal authority and is providing “**primary EMS on a regular and ongoing basis**”. The agency must be publicly dispatched and providing emergency medical care as defined by Article 30 of Public Health Law. A current letter from the local municipality is required stating that the agency is authorized to respond to provide EMS. The letter must also confirm that the agency is publicly dispatched and routinely responding as a part of the local EMS system. The letter must be provided by, and on the letterhead of, the City, Town, Village or Municipal District and must be signed by the executive officer (Mayor, Town Supervisor, chief executive, district chairman, etc.) *With the exception of university/college based EMS, the following entity types are not currently eligible for a DOH EMS agency ID; federal government, state government, industrial and private premises agencies and all entities not directly authorized under a local governing municipal authority.*
- A descriptive narrative of the BLS First Response activities provided. This should include the specifics of a response plan, method of dispatch and operating frequency, confirmation of adherence to State and Regional BLS protocols, number and type of response vehicles, equipment carried on response vehicles, and number of personnel with level of training of agency members.
- Identify the principal and alternate transporting ambulance service(s), by name and DOH agency code #, dispatched to the incidents to which the agency responds. Provide a copy of the written participation agreement(s) executed with these services.

- Document the method of QA/QI for all patient care given by the agency. Many BLSFR agencies have found that local ambulance services will gladly include first responder agencies' QA/QI reviews with their own, or participation in a county or regional QA program may be possible if one is available.
- Document the geography to which the agency responds, providing a description of the territory to which the agency is publicly dispatched. Use city, village, town, district, or other municipal boundaries. *If an agency is not publicly dispatched, or responds primarily within a private or industrial facility, the agency is not eligible for a DOH EMS agency ID number.* Agencies providing EMS in a College or University setting, with volunteer (unpaid) student members, are eligible but must provide a letter from campus administration authorizing the response and a written endorsement from the region's emergency medical services council. The REMSCO endorsement must affirm that the service is integrated as a component of local EMS including participation in regional QI.
- Once the agency has completed the application package and included the required supporting documents (proofs of municipal authority, public dispatch and written participation agreement with an ambulance service), the agency will need to obtain a letter of endorsement from its Regional Emergency Medical Services Council (REMSCO). The REMSCO must indicate in writing that the agency's response plan has been reviewed and provide an endorsement for the BLSFR activities, affirming participation in the local EMS system including QA/QI.

A list of the items you need to document or enclose with your application is provided with this information packet. Please review the checklist provided.

NOTE: If the agency ONLY intends to provide Automatic External Defibrillation (AED) to the public and NO other routine public BLS medical response, then follow the instructions on the enclosed policy statement 09-03 entitled Public Access Defibrillation. PAD only participating services do not require an agency code number. Contact the appropriate Regional EMS Council for additional information regarding PAD.

If there are questions about completing this application, please feel free to contact the DOH Bureau of EMS Operations Section at 518-402-0996 ext-2.

**Please Note:** *Having an EMS Agency Code # issued to an agency may not entitle the service to receive training expenditures reimbursement, special funding or enrollment in a CME based recertification program.*

This application packet should contain:

- Cover Memo detailing application process
- BLSFR Agency Information Application / Update Form
- Application Checklist
- EMS Agency Personnel Roster and instructions (doh-2828)
- EMS Agency Participation Agreement template (EMS-PA)
- Medical Director Verification form and instructions (doh-4362)
- Regional EMS Councils Listing
- Notice to Agencies Seeking Funding for EMS Course Tuition

DOH policy statements 06-04, 09-03, 02-05, 08-02 should be reviewed in their entirety by applicants and may be found at the following URL:

<http://www.health.state.ny.us/nysdoh/ems/policy/policy.htm>

# NOTICE TO AGENCIES SEEKING FUNDING FOR EMS COURSE TUITION

The following statement is made in the DOH Application Packet for Agency Code Number:

*Having an EMS Agency Code # issued to your agency may not entitle your service for training expenditures reimbursement, special funding or eligibility into a Pilot Program.*

In DOH Policy Statement #02-10 Course Funding, the following excerpt details the provisions under which a DOH recognized EMS agency may be eligible for tuition reimbursement. The policy states in part: (Text in bold for added emphasis)

## STUDENT ELIGIBILITY

1. Basic Life Support (BLS) Course reimbursement may only be requested and received for the tuition costs of eligible students. Course sponsors may receive reimbursement for those students that are members or employees of a volunteer agency, employees of a municipal emergency medical service, commercial service, hospital-based service or a Basic Life Support (BLS) First Response Service, which is recognized by DOH as providing EMS **and has an assigned EMS agency code**. Employees of Fire Department of New York (FDNY) are eligible for course reimbursement at reduced rates.
2. Advanced Life Support (ALS) course reimbursement is available for eligible students who are **members or employees of ALS volunteer ambulances or ALS First Response Services**, municipal services, or commercial and hospital-based services. Employees of Fire Department of New York (FDNY) are eligible for course reimbursement at reduced rates.
3. Students who are members of a private/corporate/industrial EMS service that does not routinely provide EMS in the public sector as a primary response (i.e., corporate property response teams and specialty teams and brigades that do not have municipal recognition and a primary EMS role) **are ineligible for state tuition reimbursement**.
4. Students who are members of a state or federal agency EMS system **are ineligible for state tuition reimbursement**.

To clarify this policy, agencies applying for a DOH EMS Agency Code Number should note that course tuition reimbursement **will not be paid** -

- For students that are not members/employees of an entity that has a valid DOH issued EMS Agency Code number *at the time of enrollment in the course*.
- To any service or individual identified as ineligible per DOH Policy #02-10.
- To ALS course enrollees if their membership is with a BLS service.

# REGIONAL EMS COUNCIL LISTING

Adirondack-Appalachian REMSCO  
Main St. PO Bx 212  
Speculator, NY 12164  
(518) 548-5911  
(518) 548-7605 fax  
Lewis C. Jones, Jr.  
**Counties: Delaware, Fulton,  
Hamilton, Montgomery, Otsego,  
Schoharie**

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Big Lakes Regional EMS Council  
534 Main Street Suite 19  
Medina, NY 14103  
(585) 798-1620  
Michael Maak  
**Counties: Genesee, Niagara, Orleans**

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Central NY Regional EMS Council  
Jefferson Tower - Suite LL1  
50 Presidential Plaza  
Syracuse, NY 13202  
(315) 701-5707  
(315) 701-5709 – fax  
Warren Darby  
**Counties: Cayuga, Cortland,  
Onondaga, Oswego, Tompkins**

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Finger Lakes Regional EMS Council  
FLCC Geneva Ext. Ctr.  
63 Pulteney Street  
Geneva, NY 14456  
(315) 789-0108  
(315) 789-5638 fax  
Christopher Levin  
**Counties: Ontario, Seneca, Wayne,  
Yates**

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Hudson-Mohawk Regional EMS  
Council  
C/O REMO  
1653 Central Avenue  
Albany, NY 12205  
(518) 464-5097  
(518) 464-5099 fax  
Kevin Robert  
**Counties: Albany, Columbia, Greene,  
Rensselaer, Saratoga, Schenectady**

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Hudson Valley Regional EMS Council  
259 Route 17K - 1st Floor  
Newburgh, NY 12550  
(845) 567-6740  
(845) 567-6730 fax  
Robert Cuomo  
**Counties: Dutchess, Orange, Putnam,  
Rockland, Sullivan, Ulster,**

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Mid-State Regional EMS Council  
2521 Sunset Avenue  
Utica, NY 13502  
(315) 738- 8351  
(315) 738- 8981 fax  
(888) 225-6642  
Henry Hoffman  
**Counties: Herkimer, Madison, Oneida**

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Monroe-Livingston Reg EMS Council  
Office of Prehospital Care  
Strong Memorial Hospital  
601 Elmwood Ave. Bx 655  
Rochester, NY 14692  
585-463-2900 or  
585-463-2917  
585-463-2966 - fax  
Paul Bishop  
**Counties: Livingston, Monroe**

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Mountain Lakes Regional EMS Council  
333 Aviation Road – Bldg. A – Suite 1  
Queensbury, NY 12804  
(518) 793-8200 (518) 793-5833 fax  
Patty Bashaw  
**Counties: Clinton, Essex, Franklin,  
Warren, Washington**

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Nassau Regional EMS Council  
2201 Hempstead Turnpike  
Bldg. A - 4th Floor  
Bin # 78  
East Meadow, NY 11554  
(516) 542-0025 (516) 542-0049 fax  
Scott Glazer  
**Counties: Nassau**

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North Country Regional EMS Council  
SUNY Canton College of Technology  
34 Cornell Drive  
Canton, NY 13617  
866-475-3977  
315-379-3977  
(315) 379-3979 fax  
Mark Tuttle  
**Counties: Jefferson, Lewis,  
St. Lawrence**

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Regional EMS Council of NYC  
475 Riverside Drive Suite 1929  
New York, NY 10115  
(212) 870-2301 (212) 870-2302 fax  
Jeffrey Horwitz, DO  
**Counties: Bronx, Kings, New York,  
Queens, Richmond**

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Southern Tier Regional EMS Council  
PO Box 3492  
Elmira, NY 14905-0492  
(607) 732- 2354  
(607) 732-2661 fax  
800-343-1311  
Robert Rajsky  
**Counties: Chemung, Schuyler,  
Steuben**

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Southwestern Regional EMS Council  
PO Box 544  
Olean, NY 14760  
(716) 373-2612  
Michele Forness  
**Counties: Allegany, Cattaraugus,  
Chautauqua**

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Suffolk Regional EMS Council  
Suffolk County Dept. of Hlth. Svcs.  
Div. of Emergency Medical Services  
PO Box 6100  
H. Lee Dennison Building, 1<sup>st</sup> Floor  
100 Veterans Memorial Highway  
Hauppauge, NY 11788-5401  
(631) 853-5800 (631) 853-8307 fax  
Edward Stapleton  
**Counties: Suffolk**

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Susquehanna Regional EMS Council  
Public Safety Building  
153 Lt. Van Winkle Drive  
Binghamton, NY 13905-1559  
(607) 778-1178  
Michael Washington  
**Counties: Broome, Chenengo, Tioga**

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Westchester Regional EMS Council  
4 Dana Road  
Valhalla, NY 10595  
(914) 231-1616 (914) 813-4161 fax  
Daniel J. Blum  
**Counties: Westchester**

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Wyoming-Erie Regional EMS Council  
PO Box 630  
Clarence, NY 14031  
(716) 668-9184 (716) 668-2754 fax  
Greg Gill  
**Counties: Erie, Wyoming**

# BLSFR APPLICATION FOR AGENCY CODE NUMBER CHECK LIST

- Completed and Signed BLSFR Agency Information Application / Update Form.
- A cover letter signed by the executive officer of your agency, and on your agency letterhead requesting the issuance of a DOH EMS Agency Code number.
- A letter from your municipality stating that your agency has authority to provide EMS as defined in Article 30 of Public Health Law, and that the municipality assumes the liability for your response.
- Proof of public dispatch to respond to EMS incidents, for the purpose of providing emergency medical care, within your service area, on a “regular and ongoing” basis.
- A description of the BLS First Response activities which you provide.
- A statement that the patient care provided by your agency complies with all state and regional protocols and that your agency will document all care rendered using Prehospital Care Reports.
- A description of the communications method and frequency used to dispatch your agency and communicate when necessary with local EMS / transporting services regarding patient information / location.
- The number and type of response vehicles used to provide your EMS response.
- A description of the equipment carried by your response vehicles / personnel to provide EMS.
- The number of personnel providing EMS detailed to show the number of personnel by level of care.
- Identification of the transporting ambulance service(s) by name and DOH agency code # which are dispatched to the EMS incidents to which you respond. (see EMS Participation Agreement)
- A copy of the written EMS participation agreement(s) with the ambulance service(s) dispatched to the EMS incidents to which you respond.
- Evidence of or copy of an agreement with an appropriate EMS agency indicating your agency participates in QA/QI activities. (May be with ambulance service or county / regional QA/QI program)
- A description, using municipal boundaries, or a map, of the geographical area served by your agency.
- If your agency provides Public Access Defibrillation (PAD) and has submitted a Notice of Intent (NOI form DOH-4135) to your Regional EMS Council, please include a copy of your NOI filing.
- If your agency provides any level of care requiring mandatory oversight by a medical director (eg: EpiPen, Albuterol, Blood Glucometry or any adjunct BLS skills), please include a completed DOH-4362 Medical Director Verification form based on the written approvals granted by your Regional EMS Council. Your medical director must be a NYS licensed physician endorsed by your REMAC.
- If your BLSFR activities are for a *volunteer* college or university medical team, obtain a letter of endorsement and support from your Regional Emergency Medical Services Council, identifying the integration of your BLSFR response with the local EMS system. The letter must specifically state that the REMSCO recommends issuance of an EMS Agency Code Number.

Please Note: *If your agency is state or federal, or is not publicly dispatched, or response is to a private premises or industrial facility, then your agency is not eligible for a DOH EMS agency ID number.*

**NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services**

**BLSFR Agency Information  
Application / Update Form**

Name of Service	Code # if Update:				
DBA or Assumed Name if any					
Physical Location / Address					
Mailing Address	County:				
City, State, Zip Code	City:	State:		Zip:	
Describe / list your response area	<input type="checkbox"/> Check Box if Fire/Amb District				
Business Phone # and FEIN $\Phi$	Bus #:	Federal Employer ID No:			
Fax Phone Number & Email	Fax #:	Email Address:			
Emergency Phone Number	10 digit direct phone #:				<input type="checkbox"/> Also check Box if Called via 911
Chief Operations Officer & Title	Print Name:		Print Title:		
Chief Officer Day Phone					
Chief Officer direct home/night Phone	Cell / Pager #:				
Name of dispatching Public Safety entity	<input type="checkbox"/> Check box if Self Dispatched				
Dispatch communications info	Radio Frequency:		FCC Callsign:		
Number of Trained Providers	First Aid:	PAD*:	CFR:	EMT:	ALS**:
Number of members that are also members of another EMS Agency	First Aid:	PAD*:	CFR:	EMT:	ALS**:
Number EMS Response Vehicles	Service owned:		Privately Owned:		
Primary Transporting Ambulance Service	Agency Code #:				
Additional Transporting Ambulance Service	Agency Code #:				
Additional Transporting Ambulance Service	Agency Code #:				
Number of EMS Calls Annually****	# EMS Calls Dispatched to:		#Calls with Patient Care given:		
Printed Name and Title of Person Completing this Information Form	Print Name:		Print Title:		
Signature and Date of Person Completing This Information Form	Signed:		Date:		

\* NOTE: PAD trained personnel may ONLY provide defibrillation care with service that has filed notice per PHL 3000b.

\*\* NOTE: ALS Certified personnel may ONLY provide care at BLS level when responding with BLSFR authorized service.

\*\*\*\*NOTE: Services not yet providing EMS – Please provide estimate of call volume based on info from local EMS dispatch.

Services providing EMS – Provide call volume based on calls to which you were dispatched to provide EMS.

EMS calls: indicate all EMS dispatches. Calls w/pt care: do not include RMAs, No Pt found, standbys, cancelled calls.

$\Phi$  NOTE: **Federal Employer ID # must be provided for any service intending to apply for EMS training reimbursement from NYS DOH.**

Please complete this form with your agency information and send it to the address to the right. If you have questions about filling out this form, please contact the DOH Bureau of EMS, Operations Section for Assistance at 518-402-0996 extension 2.

Return Completed Form to:  
**Attn: BLSFR Update - OPS  
NYS DOH Bureau of EMS  
433 River Street Suite 303  
Troy, New York 12180-2299**

**Do Not Write or Mark in Box Below**

App Rcd:	Chk list complete:	Date Reviewed:	Code #:
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Agency Name	Agency Code	Date Submitted	Page _____ of _____
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List all personnel alphabetically Last name, First name	Date of Birth	Certified First Responders		Emergency Medical Technicians				Check Other Levels				
	mm/dd/yy	ID Number	Expires	ID Number	Expires	B	I	CC	P	CPR	AED/PAD	First-Aid
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# NEW YORK STATE DEPARTMENT OF HEALTH

## Emergency Medical Services Program

### EMS Agency Personnel Roster DOH-2828

#### General Instructions for Form Completion

The DOH-2828 form is used to individually identify and document all personnel affiliated with an EMS agency. This includes paid and volunteer members. The personnel roster is required for all agencies that have a NYS DOH issued EMS agency ID number. Certified agencies are required to complete a DOH-2828 with each biennial submission for certification renewal. Non certified (BLSFR) agencies are required to submit a completed DOH-2828 with an initial application for EMS agency ID number and with each subsequent Update filing as periodically requested by NYS DOH.

NOTE: An agency may substitute its own printed version of a DOH-2828 roster provided that all data fields contained on the DOH form are present and clearly legible on the agency's version of the form, and the printout is in alphabetical order.

<b>DOH-2828 field</b>	<b>Information required to complete</b>
Agency Name	Legal name of agency and DBA if any
Agency Code	NYS DOH EMS Agency ID number issued to agency. If purpose of completing personnel roster is for an initial filing and no ID number has been issued to applicant by NYS DOH, leave this field blank.
Date Submitted	Date form was completed. Submitted data on form is presumed to be accurate as of this date.
Page ____ of ____	Indicate page number of current page and total number of roster pages being submitted.
Personnel name field	Insert Last name then first name of all active personnel in alphabetical order. Include all personnel that have any operational roll in emergency medical responses by your agency. Include all individuals with any level of medical training, even if not NYS certified (eg: First Aid trained, CPR trained, PAD trained). Also include all authorized drivers of emergency response vehicles. Do not include members / employees that are not "active status" or that only provide administration to your agency, even if they are NYS certified. (eg: social / inactive members, corporate officers or administrative officers, unless such members / employees also routinely participate in response and have active EMS operational duties or assignments.)
Date of Birth	In Month, Day, Year format (mm/dd/yy) provide member / employee date of birth
Certified First Responders	For each individual identified that is a Certified First Responder give six (6) digit DOH ID number and expiration date as listed on NYS DOH issued certification card. Individuals with ID numbers and no corresponding expiration date will be presumed to not be currently certified.

Emergency Medical  
Technicians

For each individual identified that is a Certified Emergency Medical Technician give the six (6) digit DOH ID number and expiration date as listed on NYS DOH issued certification card. Individuals with ID numbers and no corresponding expiration date will be presumed to not be certified. In next set of boxes to the right check the single box that indicates the highest level of individual's certification. B = Basic EMT, I = Intermediate, CC = Critical Care, P = Paramedic Do not check more than one box.

Check Other Levels

For non-certified members only, indicate all additional levels of training. More than one box may be checked to indicate multiple levels of medical training.  
CPR = Cardio Pulmonary Resuscitation, AED/PAD = Automatic External Defibrillation / Public Access Defibrillation,  
First-Aid = Training program in emergency first aid completed.  
For each indicated level, individual must have completed a nationally recognized training course (eg: American Heart Association or American Red Cross) and hold a valid recognition card issued to the individual.

NOTES: For certified agencies, the total number of medically trained providers identified by level must match the number of providers reported on Department form DOH-206 in section 27.

For non-certified agencies (BLSFR), the total number of medically trained providers identified by level must match the number of providers reported on Department form BLSFR EMS Agency Update / Application line 15.

Certified agencies that obtain staffing, paid or non-paid, from other agencies or personnel staffing companies, must provide a personnel roster that includes all individuals authorized to provide medical care or operate NYS DOH recognized emergency vehicles (eg: Driver only status personnel). Such additional personnel may be listed on a totally separate roster if desired, but must be included in the totals listed on form DOH-206 section 27.

***Notice to Service:***

Please identify the physician providing Quality Assurance oversight to your individual service. If your service provides Defibrillation, Epi-Pen, Blood Glucometry, Albuterol or Advance Life Support (ALS), you must have specific approval from your Regional EMS Council's Medical Advisory Committee (REMAC) **and** oversight by a NY state licensed physician. If you change your level of care to a higher ALS level, you must provide the NYS DOH Bureau of EMS a copy of your **REMAC's written approval notice**.

If your service wishes to change to a lower level of care, provide **written notice** of the change and the level of care to be provided, and the effective date of implementation, to your REMAC with a copy to the NYS DOH Bureau of EMS.

If your service has more than one Service Medical Director, please use copies of this verification and indicate which of your operations or REMAC approvals apply to the oversight provided by each physician. Please send this form to your DOH EMS Area Office for filing with your service records.

Check all special regional approvals and the single highest level of care applicable to your service:

Defibrillation / PAD     Epi Pen     Albuterol     Blood Glucometry     Other: \_\_\_\_\_  
(BLS Level Services)

AEMT- Paramedic     AEMT- Critical Care     AEMT- Intermediate     Controlled Substances  
(BNE License on file)

***Please Type or Print Legibly:***

Name of EMS Service: \_\_\_\_\_

Agency Code Number: \_\_\_\_\_ Service Type:     Amb     ALSFR     BLSFR

Name of Service CEO: \_\_\_\_\_

Name of Service Medical Director: \_\_\_\_\_

NYS Physician's License Number: \_\_\_\_\_

Ambulance/ALSFR Service Controlled Substance License # if Applicable: **03C-**\_\_\_\_\_

Ambulance/ALSFR Service Controlled Substance License Expiration Date: \_\_\_\_\_

***Medical Director Affirmation of Compliance:***

- *I affirm that I am the Physician Medical Director for the above listed EMS service. I am responsible for oversight of the pre-hospital Quality Assurance/Quality Improvement program for this service. This includes medical oversight on a regular and on-going basis, in-service training and review of service policies that are directly related to medical care.*
- *I am familiar with applicable State and Regional Emergency Medical Advisory Committee treatment protocols, policies and applicable state regulations concerning the level of care provided by this service.*
- *If the service I provide oversight to is not certified and provides AED level care, the service has filed a Notice of Intent to Provide Public Access Defibrillation (DOH-4135) and a completed Collaborative Agreement with its Regional EMS Council.*

Signature – Service Medical Director: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

# NEW YORK STATE DEPARTMENT OF HEALTH Emergency Medical Services Program

## Medical Director Verification DOH-4362 General Instructions for Form Completion

The DOH-4362 form is used to document the physician medical director providing individual EMS agency medical direction in accordance with DOH Policy #03-07. The form also documents the specific level of patient care and/or adjunct BLS protocols authorized by a Regional Emergency Medical Advisory Committee (REMAC) per DOH Policy #95-01.

**A CFR/EMT/AEMT, as well as the EMS agency of which an individual is a member or employee, is in violation of Article 30 of Public Health Law (A30PHL) if rendering medical care that is subject to REMAC approval and medical direction without first receiving such approval and providing care under such medical direction.**

To Complete the DOH-4362 Medical Director Verification form:

Read the Notice to Service statement. Pay particular attention to the fact that an EMS service's level of care approval, or approval of a NYS licensed physician to provide medical direction to an EMS agency, must be received in writing from the REMAC having jurisdiction in the region in which an agency provides EMS. *The DOH-4362 form is not valid unless completed after first receiving a valid written REMAC approval and endorsement of the identified service medical director. The written approval does not need to be submitted with the form but must be produced upon request by NYS DOH.*

<b>DOH-4362 field</b>	<b>Information required to complete</b>
Defib /PAD	Check this box if any personnel are authorized to provide defibrillation level care. Certified services may not use Public Access Defibrillation (PAD) to fulfill regulatory requirements. REMAC written approval is required to enable DEFIB level care for BLS members of ALS services. PAD filing by NOI (DOH-4135 Notice of Intent) is applicable for all non-certified agencies (BLSFR) providing defibrillation.
Epi Pen	Check this box if any personnel are authorized by the REMAC to provide Epinephrine by Auto Injector. A filing by NOI (DOH-4188 Notice of Intent to Possess and Use Epinephrine Auto Injector) is required by all certified and non-certified (BLSFR) services approving BLS providers. <i>This approval does not apply to ALS personnel.</i>
Albuterol	Check this box if any certified providers are authorized by the REMAC to provide Nebulized Albuterol. This level of care is subject to regional approvals and protocol for any BLS provider. <i>This approval does not apply to ALS personnel.</i>

Blood Glucometry	Check this box if any BLS certified providers are authorized by the REMAC to conduct blood glucose level testing. EMS agency compliance with DOH Clinical Laboratory <u>Limited Service Laboratory Registration</u> (DOH-4081) process and DOH Policy #05-04 is mandatory for this approval. <i>This approval does not apply to ALS personnel.</i>
ALS Levels of Care	Check SINGLE highest level of care authorized by the REMAC if approved to provide Advanced Life Support. (Lower levels are automatically approved within guidelines or restrictions imposed by individual REMACs)
Controlled Substances	Check this box if service holds a valid and currently unexpired license to possess and administer controlled substances issued by NYS DOH Bureau of Narcotic Enforcement. <i>Federally issued DEA CS Licenses do not apply to EMS agencies.</i>
Name of EMS Service	Full legal name of EMS agency. If agency is DOH certified name should be same as listed on DOH-3414 or DOH-4005 certificate.
Agency Code Number	Enter NYS DOH issued EMS agency 4 digit code number. If number unknown, please contact NYS DOH Bureau of EMS for further instructions.
Service Type	Check only ONE box to indicate service type: Ambulance, Advanced Life Support First Response (ALSFR) or non-certified Basic Life Support First Response (BLSFR).
Name of Service CEO	Name of agency chief executive officer or chief of operations.
Service Medical Director	Name of NYS licensed physician approved by the REMAC to provide service level medical direction per DOH Policy #03-07.
NYS Physician's License	NYS Department of Education Physician's license number issued to service medical director. <i>License must be valid and not expired.</i>
CS License Number	NYS DOH Bureau of Narcotics Enforcement (BNE) issued controlled substances license number. Give last 4 digits of number that begins with 03c. <i>Federally issued DEA licenses do not apply to NYS EMS controlled substances licenses. Do not enter DEA ID #.</i>
CS License Expiration	Expiration date of current BNE issued CS license. (mm/dd/yyyy)

Service medical director must read the affirmation at the bottom of the form and sign the statement of compliance. Signature of the medical director means that the physician assumes responsibility and medical oversight within the scope and intent of Article 30 of Public Health Law, NYCRR Part 800 and NYCRR Part 80 as applicable. A separate form must be completed and signed if service has more than one medical director.

# EMS Agency Participation Agreement

- This document or an equivalent is required for all participating BLSFR agencies with DOH issued ID number -

## Purpose:

It being recognized that {Ambulance Service Name} (herein after referred to as XXX) is a duly authorized Ambulance Service, Certified by the New York State Department of Health (NYSDOH), and providing ambulance service to territory established under Article 30/30A of Public Health Law (A30 PHL), which includes in whole or in part the response area of {Non-transport BLSFR Service Name} (herein after referred to as ZZZ) in the {City, Town, Hamlet or District} of, {Name of County} County.

And also in recognition that {ZZZ} is a Basic Life Support First Response (BLSFR) EMS agency also recognized within its municipality and by the NYSDOH to provide non-transporting BLS Emergency Medical Services.

The following agreement is hereby entered into for the purpose of ensuring rapid effective response, appropriate patient care and the delivery of persons in need of medical care to appropriate medical facilities, through the cooperative efforts of the organizations consenting to this agreement.

This agreement shall take effect upon the date of endorsement indicated below and shall be renewed annually by the Chief Operating Officers (COOs) of each organizational. Alterations or amendments to this agreement may be made at any time by written consensus and re-execution of this agreement.

## Terms of Agreement

### {XXX} and {ZZZ} shall:

- Provide for the identification of its prehospital certified members by badge, ID card, uniform or other visible identification to insure rapid recognition of certified responders and their authorized level of provider care and authorizing agency.
- Participate in QA/QI review of all responses for which a patient contact occurred. And further to resolve any identified patient care issues through training, remediation, discipline or protocol review as appropriate to insure continued effective patient care and compliance with state and regional patient care protocols.
- Participate with any Mutual Aid Response agency, dispatched or responding in place of either {XXX} or {ZZZ} due to the unavailability of either service, holding to the same participation standard and expectations stated in this agreement.
- Adhere to applicable state and regional policies, procedures and patient care protocols.
- Resolve member participation issues through cooperative discussion between the COOs of each organization promptly upon notice of any instance or circumstance which impairs the cooperative intent of this agreement or which compromises in any way the delivery of appropriate patient care.
- Provide notification in advance of training, drills and educational opportunities sponsored by either agency, at which members may obtain, renew or refresh EMS certification or rescue/responder skills.

### {XXX} shall:

- Respond whenever possible to any medical emergency, standby or other public need as determined by county 911 dispatch, and provide prehospital medical care and patient transport in fulfillment of its operating authority under Article 30/30A of Public Health Law (A30 PHL).
- Remain an active participant in the {Name of County} County Mutual Aid and MCI/Disaster Plan such that all Medical Emergencies shall be responded to either by {XXX} or another ambulance service providing Mutual Aid Response.
- Accept any patient presented for transport, to which {ZZZ} provides initial BLS care, to insure timely transport of such patient(s) to an appropriate Article 30 designated facility or hospital.
- Accept Prehospital Care Reports (PCRs) turned over to {XXX} by {ZZZ} that document the findings and care provided to patients(s) treated by {ZZZ}.
- Replenish such disposable medical items or supplies used by {ZZZ} on calls for which {XXX} was the transporting agency, the list of such replenishable items to be agreed upon in writing by the COOs of each organization.

**{ZZZ} shall:**

- Respond whenever possible to any medical emergency, standby or other public need as determined by county 911 dispatch, and provide prehospital medical care at the Basic Life Support (with Defibrillation or PAD) Level of care, within the {ZZZ} response area.
- Report to 911 dispatch the condition and number of patients found at any incident to facilitate the preparedness and appropriate response by {XXX} crews and responding vehicles.
- Not cease the provision of patient care and/or monitoring until such care is turned over to another qualified/certified care provider, once patient care has been initiated.
- Turn over for treatment and transport to {XXX} any patient to which {ZZZ} provides initial BLS (and/or Defib/PAD) prehospital care.
- Insure that the prehospital care provider in charge of patient care will at all times be the {ZZZ} responder with the highest level of certification on scene, until such time as {XXX} arrives at the incident and patient care is turned over to the {XXX} member responsible for the call.
- Participate in ICS / Unified Command for incidents requiring ongoing incident management.
- Adhere to NYS DOH Policies regarding BLSFR Agencies (#99-07) and Responsibilities of EMS Providers to coordinate EMS Resources (#98-05)
- Maintain a list of supplies, equipment and authorized response vehicles as identified in DOH Policy 99-07.

This Agreement is entered into this \_\_\_\_\_ Day of \_\_\_\_\_, 200\_\_

Signed,

For {XXX}: \_\_\_\_\_ Chief Operating Officer

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

For {ZZZ}: \_\_\_\_\_ Chief Operating Officer

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Witnessed: \_\_\_\_\_

Printed Name and Affiliation: \_\_\_\_\_

Copy Distribution shall be:

- 1 copy to each organization's records officer or COO
- 1 copy to {Name of County} County 911 Dispatch Center
- 1 copy to {Name of County} County EMS Coordinator
- 1 copy to New York State Dept of Health,  
Attn: {ZZZ} BLSFR Service File

Note: A computer file version of this document, easily edited for your use, is available in Microsoft WORD. To request the "electronic version" of this document, please contact DOH BEMS at (518) 402-0996x2 with a valid email address to which the file may be sent.