

NYS Pilot EMS Recertification Program

Administrative Program Agency Form

Agency Pilot Recertification Program Coordinator

I _____ have read the NYS Pilot EMS Recertification
(Print Name)
Program Administrative Manual in its entirety. I understand that if I have any questions about the content of the manual or the program in general, I can contact the NYS Bureau of EMS. I agree to abide by all regulations and policies set-forth by the NYS Bureau of EMS as they relate to this program.

(Signature)

Date: _____

Agency Title

Agency Pilot Recertification Program Medical Director

I _____ have read the NYS Pilot EMS Recertification
(Print Name)
Program Administrative Manual in its entirety. I understand that if I have any questions about the content of the manual or the program in general, I can contact the NYS Bureau of EMS. I agree to abide by all regulations and policies set-forth by the NYS Bureau of EMS as they relate to this program.

(Signature)

Date: _____

Agency Title

NYS MD License#: _____

Please keep this completed form in your Agency file!