

**Monroe-Livingston Counties
Rapid Sequence Induction Program**

RSI Provider Application

Please Clearly Print All Information

Name: _____

Mailing Address: _____

Phone: _____

Page: _____

Email: _____

Paramedic Education

Training Location _____

Dates Attended _____

Address _____

Contact Person _____

Phone _____

Additional Certifications

Class	Date First Certified	Current Card Expiration	Most Recent Class Location
CPR			
ACLS			
PALS			

*Please attach copies of your current NY State Paramedic Certification
and all other certifications you have listed above.*

Continuing Medical Education

Refresher classes:

Date	Location

Additional Continuing Medical Education attended in last two years:

Date	Topic	Location

Current Employment

Location: _____
Position: _____
Dates: _____
Reference: _____
Phone: _____

EMS Agency Affiliation

Agency	Position	Dates of Affiliation

Please list all agencies affiliated with since practicing as an ALS provider. Attach additional pages as needed.

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 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, ACLS certification, and any other EMS related certification documents (eg. PALS, BTLIS, PHTLS, etc) should be included with this application.

OPC/REMAC Use Only

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