

Meeting Minutes May 20, 2019

I. ATTENDANCE

| | NAME | CATEGORY | OFFICER / COMMITTEE CHAIR | TERM | 2018- 07 | 2018- 09 | 2018- 11 | 2019- 01 | 2019- 03 | 2019- 05 |
|----|------------------|-------------------------------------|---------------------------------|------------|-----------------|-----------------|-----------------|-----------------|-------------|-------------|
| 1 | Allen, Reg | Monroe County At Large (Seat 2) | System Operations | 3/31/2022 | P | P | E | P | P | P |
| 2 | Arnold, William | Monroe County At Large (Seat 1) | | 3/31/2021 | P | P | E | P | A | E |
| 3 | Bailey, Donna | Livingston County At Large (Seat 1) | P.I.E.R. | 3/31/2021 | P | P | P | P | P | E |
| 4 | Cook, Alex | Livingston County At Large (Seat 2) | Treasurer | 3/31/2019 | P | E | P | P | P | P |
| 5 | Coyle, Thomas | Monroe County C.O.N. | | 3/31/2021 | E | E | P | P | P | P |
| 6 | Cushman, Jeremy | Regional Medical Director | | Ex-Officio | P | P | P | P | P | P |
| 7 | Czapranski, Tim | Monroe County EMS Coordinator | | Ex-Officio | P | P | P | E | P | P |
| 8 | Dewar, Karen | Livingston County EMS Coordinator | | Ex-Officio | P | P | P | P | P | P |
| 9 | Farney, Aaron | Healthcare Representative (Seat 2) | | 3/31/2021 | P | P | P | P | P | P |
| 10 | Frost, Tim | At Large EMS Agency (Seat 3) | Vice Chair / N.E.G. | 3/31/2021 | P | P | P | P | E | P |
| 11 | Hartman, James | At Large EMS Agency (Seat 4) | | 3/31/2021 | A | A | P | P | P | P |
| 12 | Horowitz, Aaron | EMS Training / Education | | 3/31/2019 | P | P | P | P | E | P |
| 13 | Hoskins, Michael | At Large EMS Agency (Seat 2) | | 3/31/2019 | P | P | P | E | P | E |
| 14 | Kelly, Timothy | Livingston County At Large (Seat 3) | Secretary | 3/31/2021 | P | P | P | P | P | P |
| 15 | Kirchoff, Thomas | Monroe County At Large (Seat 3) | | 3/31/2021 | P | P | P | P | P | P |
| 16 | Klueber, Geordie | Livingston County BLSFR | | 3/31/2019 | P | P | P | P | A | P |
| 17 | Palma, William | Monroe County BLSFR (Seat 1) | | 3/31/2021 | E | P | P | E | P | P |
| 18 | Philippy, Mark | At Large EMS Agency (Seat 1) | Chairperson | 3/31/2021 | E | P | P | P | P | P |
| 19 | Rathfelder, Eric | Law Enforcement | Training & Ed | 3/31/2019 | P | E | P | P | P | E |
| 20 | Smith, Merideth | Community | | 3/31/2021 | P | E | P | P | A | E |
| 21 | Tinelli, Samuel | Livingston County C.O.N. | | 3/31/2023 | - | - | - | - | - | P |
| 22 | Wiedman, Brian | Monroe County At Large (Seat 4) | | 3/31/2023 | - | - | - | - | - | P |
| 23 | Williams, Gwen | Healthcare Representative (Seat 3) | | 3/31/2020 | P | P | P | P | P | E |
| 24 | z-Vacant | Healthcare Representative (Seat 1) | | | Bishop - A | Bishop - A | VACANT | VACANT | VACANT | VACANT |
| 25 | z-Vacant | REMAC Chairperson | | | VACANT | VACANT | VACANT | VACANT | VACANT | VACANT |
| 26 | Z-Vacant | City of Rochester EMS Contract | | | Bonfiglio- P | Bonfiglio- P | Bonfiglio- P | Bonfiglio- P | VACANT | VACANT |

LEGEND:

Present = P

Excused Absents = E

Unexcused Absents = A

II. Actions

| | MOTION | MADE BY | SECOND | ABSTAIN | NAY | APPROVED |
|---|--|-----------------|---------------------|---------|-----|----------|
| 1 | To rescind the current Council policy on background investigation and instead to have a form, created by the NEG committee, that candidates are to be vetted through the sex offender registry and office of inspector general's exclusion list prior to being considered for election to those bodies. Roll Call: Yes - 15, No – 1, Abstentions – 0, Absent – 7, Vacant – 3, COI – 0 | Philippy, Mark | Kirchoff, Thomas | | | X |
| 2 | Approval of minutes from March 21 st , 2019 Monroe-Livingston REMSCO meeting. | Kelly, Timothy | Czapranski, Timothy | | | X |
| 3 | To approve the application for transfer of Operating Authority from Brockport Volunteer Ambulance Corps to Central Orleans Volunteer Ambulance Inc. | Philippy, Mark | Frost, Timothy | | | |
| 4 | To table Motion 3 | Philippy, Mark | Czapranski, Timothy | | | X |
| 5 | To hold a special meeting of the Monroe-Livingston Regional EMS Council to review the matter of the transfer of Operating Authority application from Brockport Volunteer Ambulance Corps to Central Orleans Volunteer Ambulance Inc on Monday June 17 th at 1600 at the PSTF. | Frost, Timothy | Czapranski, Timothy | | | X |
| 6 | After review by the MLREMS Training & Education Committee, Council moves to approve the course sponsor renewals submitted by CHS Mobile Integrated Healthcare, Monroe Community College, and Monroe Ambulance for submission to the State. | Cushman, Jerney | Czapranski, Timothy | | | X |
| 7 | To adjourn. | Frost, Timothy | Kelly, Timothy | | | X |

III. Attendance – Secretary call roll

- Confirmed quorum
 - Excused absences: Arnold, William / Bailey, Donna / Hoskins, Michael / Rathfelder, Eric / Smith, Merideth / Williams, Gwen

IV. Pledge of Allegiance**V. Moment of Silence – Recognition of CHS Deputy Chief James Bucci****VI. Chairperson – Mark Philippy**

- Reminders
 - Background policy
 - Direction from Mr. Clayton that there is no consistency on whether people do background checks across the State. My recommendation is that we rescind our background policy and substitute a process to go to NEG & membership committee. Part of the onboarding would be a check for exclusions from office of inspector general and the sex offender registry.
 - Motion to rescind the current Council policy on background investigation and instead to have a form, created by the NEG committee, that candidates are to be vetted through the sex offender registry and office of inspector general's exclusion list prior to being considered for election to those bodies by Mark Philippy. Seconded by Tom Kirchoff. Discussion: Does this address enough possibility of QA issues and other things? Is that something we would like to consider? I would encourage that we not as our QA process is centered around education and not punitive action. Punitive action is typically mainly by the State in which case they would be ineligible to serve on these bodies. Roll Call Vote: 15-Yes, 1-No, 0-Abstained, 6-absent, 3-vacant.
 - **Motion 1 - Passed**
 - There will not be a human transcriptionist to review the transcriptions, so I encourage you to present your name prior to speaking.
 - EMS Memorial is tomorrow at 11am.
 - Thank you Tim Kelly for help with SEMSCo

VII. Vice Chairperson / NEG Report – Tim Frost

- Upcoming meeting for NEW to address REMAC by-laws and background revision.
- We are looking for a healthcare representative for this body and the REMAC.

VIII. Secretary Report – Tim Kelly

- Approval of Minutes
 - Motion to approve the March 21st, 2019 Meeting Minutes by Tim Kelly. Seconded by Tim Czapanski. No opposed, one abstained. Motion passes.

- Motion 2 - Passed

IX. Treasurer's Report – Alex Cook

- Vouchers are straightened out and the process is in good shape.

X. System Medical Director – Jeremy Cushman, MD

- ET3 Update
 - Last Thursday we met with many agencies within Monroe-Livingston Counties as to some of our options for ET3 and the areas we are going to begin to explore. There are opportunities we may have to pursue some grant dollars for infrastructure cost. Telehealth as related to alternative destination. MLREMS may be the ideal entity for funding to be routed through as it represents our agencies and are a 501 C3. If there is a Council Member who is interested in working with a work group to discuss this option, let Dr. Cushman know. Is there any objection to exploring this? Ask that a member of Council serve as Chair of that TAG to explore grant opportunities. Do we need a TAG or just a liaison? We are still in the exploration phase, maybe as we get closer, we could look at getting a TAG together.
- Collaborative protocols update
 - Effective August 2019 – “hospital” has been removed to include “facility”
 - Advisory will be forthcoming as we get closer to August.
- BLS protocols release

XI. Program Agency Report – Ben Sensenbach

- Alex Cook, Mark Philippy and the Program Agency have been working diligently on the new budgetary requirements.
 - University of Rochester Memorandum of Understanding – Program Agency has been drafted just as a backup for the Administrative Services.
- MLREMS Program Agency Contract renewal with University of Rochester

XII. Livingston County Report – Karen Dewar

- Avon ambulance has closed its doors – April 6th.
 - Livingston County agencies and Honeoye Falls and CHS have been great stepping in to help compensate.

XIII. Monroe County Report – Tim Czapranski

- CAD is moving along with the hexagon implementation date looking like December.

- Look at your DOH certified vehicle list and what you think will be in service in December and let Czapranski know so that we can account for the amount of MDTs we need.
- Trunk radios – law enforcement continues the transitions, fire will be going live at the end of this year.
- Brockport has signed onto Mutual Aid in the County. They are not signed onto Status which is a problem, so he will address that with them.

XIV. REMAC – Jeremy Cushman, MD

- Operations Committee continues. They are identifying areas of opportunities.
- Patient Safety has charged forward with an Event Reporting tool. This is coming together and we are working on building this into REDCap now. We will share with this group once it's closer to complete.

XV. NYS EMS Council and Advisory Committee– Tim Kelly

- Report has been sent out. If you have any comments or questions, please let Tim know. May has a full docket and there will be more to come.

XVI. Systems Ops Committee Report – Reg Allen

- Brockport Transfer of Operating Authority to COVA
 - There were concerns on the first draft of their application.
 - Motion to approve the application for transfer of Operating Authority from Brockport Volunteer Ambulance Corps to Central Orleans Volunteer Ambulance Inc by Mark Philipppy. Seconded by Tim Frost.
 - **Motion 3 – Tabled via Motion 4**
 - Discussion: There are still pending issues with this. A letter was sent to the State with concerns of PCR submission and service. This agency went out of business without notice, closed their doors and has now gone through a process of submitting a sloppy application for transfer. We submitted a letter back to Brockport/COVA on deficiencies of their application, we also sent a letter to the State requesting any documentation on their surveillance of Brockport and have not received anything back. We also requested the State Fitness and Competency review, which we have not received.
 - Program Agency – have we received any PCRs? Program Agency – Lucas emailed us last week copies of PCRs, January – October 2018. Has there been anything since then that show current operations? No. They are working on their electronic PCRs which went live April 30th. Was the gap explained? I would defer to Lucas Vandervort for that question.
 - Lucas: We were told by Ross Zastrow and Ed Mager that as long we had scheduled personnel we were considered operational.

Meeting Minutes May 20, 2019

- This shows that you had the ability to respond, but are we correct in assuming that you didn't respond as we don't have PCR's or were those PCR's not provided?
 - Lucas – I think we did have a few transfers, I would have to look.
- It appears that the State has said that you just have to have staff and you do not have to take calls...this is different from State law. We need clarification on that.
- Without the fitness and competency review, we are unable to vote on this matter at this time. Table the motion until we receive fitness and competency from the State. Tim Czapranski – I would also move that we wait until we hear a response from the State on the letter sent by the Chair of Systems Operations as well.
- Clarification request on staffing versus PCR's needed from the State. Lucas Vandervort to look at what letter he has from the State to then share with the Council. Motion to table the motion by Mark Philippy. Seconded by Tim Czapranski. All in favor. No opposed, one abstention. We will have to schedule a meeting once all of the necessary documents have been received.
- **Motion 4 - Passed**
- Motion to hold a special meeting of the Monroe-Livingston Regional EMS Council to review the matter of the transfer of operating authority application from Brockport Volunteer Ambulance Corps to Central Orleans Volunteer Ambulance Inc. by Tim Frost (Monday June 17th at 1600 at the PSTF). Seconded by Tim Czapranski. All in favor – 2 opposed, no abstentions.
- **Motion 5 - Passed**

XVII. PIER Committee Report – Donna Bailey

- Last Council meeting there was a concern about refreshments at the STEP Conference. She's been working with STEP to resolve this. Everything was outside of the STEP group's control, but they are working to fix this.

XVIII. Training & Education Committee Report – Eric Rathfelder via Mark Philippy & Ben Sensenbach

- Course sponsor renewals
 - All have been reviewed with no issues. They now have to be endorsed by the Council to move on to the State.
 - Monroe Community College
 - Monroe Ambulance/Monroe Medi-Trans
 - CHS Mobile Integrated Healthcare
 - Motion: After review by the MLREMS Training & Education Committee, Council moves to approve the course sponsor renewals submitted by CHS Mobile Integrated Healthcare, Monroe Community College, and Monroe Ambulance for submission to the State by Jeremy Cushman, seconded by Tim Czapranski. All in favor, no opposed, no abstentions.

- Motion 6 - Passed

XIX. New Business

- On behalf of CHS, thank you for helping us with the loss of Jim. Thank you Dr. Cushman and Tim Czapranski. They operationally took over so that we could take care of our people. Thank you.

XX. NYS DOH Dates to Remember / Region Meetings / Events

- Meeting EMS Memorial
 - May 21st at 11am
- Vital Signs
 - October 24-27, 2019 in Buffalo, NY
 - If you are interested in presenting some Critical Care topics, let Dr. Cushman know and he can refer you to the right contacts.
- Next Meetings
 - Monday June 17th 2019 @ 1600 - PSTF
 - Monday July 15th, 2019 @ 1600 – PSTF
 - Monday September 16th, 2019 @ 1600 – Hamptons Corners
 - Monday November 18th, 2019 @ 1600 – PSTF

XXI. Adjournment

- Motion 7 – Passed
- Next Meeting: Monday June 17, 2019 at PSTF, 1190 Scottsville Road, Rochester, NY at 1600

Link for full meeting video: <https://youtu.be/kV2w9eKv0YQ>



Date: Monday May 20, 2019

Roll Call Attendance: MLREMS

| | Representative Category | Name | Present | Absent | Excused | Vacant |
|----|-------------------------------------|------------------|---------|--------|---------|--------|
| 1 | MC At Large (Seat 2) | Allen, Reg | X | | | |
| 2 | MC At Large (Seat 1) | Arnold, William | | | X | |
| 3 | LC At Large (Seat 1) | Bailey, Donna | | | X | |
| 4 | LC At Large (Seat 2) | Cook, Alex | X | | | |
| 5 | Monroe County - C.O.N. | Coyle, Thomas | X | | | |
| 6 | MLREMS - Medical Director | Cushman, Jeremy | X | | | |
| 7 | Monroe County - EMS Coordinator | Czapranski, Tim | X | | | |
| 8 | Livingston County - EMS Coordinator | Dewar, Karen | X | | | |
| 9 | Healthcare Representative (Seat 2) | Farney, Aaron | X | | | |
| 10 | At Large EMS Agency (Seat 3) | Frost, Tim | X | | | |
| 11 | At Large EMS Agency (Seat 4) | Hartman, James | X | | | |
| 12 | EMS Training / Education | Horowitz, Aaron | X | | | |
| 13 | At Large EMS Agency (Seat 2) | Hoskins, Michael | | | X | |
| 14 | LC At Large (Seat 3) | Kelly, Timothy | X | | | |
| 15 | MC At Large (Seat 3) | Kirchoff, Thomas | X | | | |
| 16 | Livingston County - BLSFR | Klueber, Geordie | X | | | |
| 17 | Monroe County - BLSFR (Seat 1) | Palma, William | X | | | |
| 18 | At Large EMS Agency (Seat 1) | Philippy, Mark | X | | | |
| 19 | Law Enforcement | Rathfelder, Eric | | | X | |
| 20 | Community | Smith, Merideth | | | X | |
| 21 | Livingston County - C.O.N. | Tinelli, Samuel | X | | | |
| 22 | MC At Large (Seat 4) | Wiedman, Brian | X | | | |
| 23 | Healthcare Representative (Seat 3) | Williams, Gwen | | | X | |
| 24 | City of Rochester EMS Contract | z-Vacant | | | | X |
| 25 | Healthcare Representative (Seat 1) | z-Vacant | | | | X |
| 26 | REMAC Representative | z-Vacant | | | | X |
| | TOTALS | | 17 | 0 | 6 | 3 |

web www.mlrems.org
phone (585) 463-2900
fax (585) 473-3516

office
44 Celebration Drive, Suite 2100
Rochester, NY 14620

mailing
601 Elmwood Avenue, Box 655
Rochester, NY 14642

Monroe-Livingston Regional EMS Council Meeting Roster
May 20, 2019

| | GUEST'S - NAME (Please Print) | AGENCY | SIGNATURE |
|----|-------------------------------|-------------------------|--------------------|
| 1 | Benjamin Seesebeck | Proctor Agency | Benjamin Seesebeck |
| 2 | William Ruel PR | Strong Municipal Hosp. | William Ruel |
| 3 | Lucas Van Deren | Brackport Ambulance/CAT | Lucas Van Deren |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| 26 | | | |
| 27 | | | |
| 28 | | | |



Date: May 20, 2019

Motion By: Mark Philippy

Motion: 2

Second: Timothy Kelly

| | Representative Category | Name | Yes | No | Abstain | Absen t | Vacan t | COI |
|----|-------------------------------------|------------------|-----|----|---------|------------|------------|-----|
| 1 | MC At Large (Seat 2) | Allen, Reg | | X | | | | |
| 2 | MC At Large (Seat 1) | Arnold, William | | | | X | | |
| 3 | LC At Large (Seat 1) | Bailey, Donna | | | | X | | |
| 4 | LC At Large (Seat 2) | Cook, Alex | X | | | | | |
| 5 | Monroe County - C.O.N. | Coyle, Thomas | X | | | | | |
| 6 | MLREMS - Medical Director | Cushman, Jeremy | X | | | | | |
| 7 | Monroe County - EMS Coordinator | Czapanski, Tim | X | | | | | |
| 8 | Livingston County - EMS Coordinator | Dewar, Karen | X | | | | | |
| 9 | Healthcare Representative (Seat 2) | Farney, Aaron | X | | | | | |
| 10 | At Large EMS Agency (Seat 3) | Frost, Tim | X | | | | | |
| 11 | At Large EMS Agency (Seat 4) | Hartman, James | X | | | | | |
| 12 | EMS Training / Education | Horowitz, Aaron | X | | | | | |
| 13 | At Large EMS Agency (Seat 2) | Hoskins, Michael | | | | X | | |
| 14 | LC At Large (Seat 3) | Kelly, Timothy | X | | | | | |
| 15 | MC At Large (Seat 3) | Kirchoff, Thomas | X | | | | | |
| 16 | Livingston County - BLSFR | Klueber, Geordie | | | | X | | |
| 17 | Monroe County - BLSFR (Seat 1) | Palma, William | X | | | | | |
| 18 | At Large EMS Agency (Seat 1) | Philippy, Mark | X | | | | | |
| 19 | Law Enforcement | Rathfelder, Eric | | | | X | | |
| 20 | Community | Smith, Merideth | | | | X | | |
| 21 | Livingston County - C.O.N. | Tinelli, Samuel | X | | | | | |
| 22 | MC At Large (Seat 4) | Wiedman, Brian | X | | | | | |
| 23 | Healthcare Representative (Seat 3) | Williams, Gwen | | | | X | | |
| 24 | City of Rochester EMS Contract | z-Vacant | | | | | X | |

web www.mlrems.org
phone (585) 463-2900
fax (585) 473-3516

office
44 Celebration Drive, Suite 2100
Rochester, NY 14620

mailing
601 Elmwood Avenue, Box 655
Rochester, NY 14642



| | | | | | | | | |
|---|------------------------------------|----------|--|--|--|--|---|--|
| 4 | | | | | | | | |
| 2 | Healthcare Representative (Seat 1) | z-Vacant | | | | | x | |
| 5 | | | | | | | | |
| 2 | REMAC Representative | z-Vacant | | | | | x | |
| 6 | | | | | | | | |

Results: Motion passes. Yes – , No – , Abstain – , Absent – , Vacant – 3, COI – 0

15 1 0 7 3 0

web www.mlrems.org
phone (585) 463-2900
fax (585) 473-3516

office
 44 Celebration Drive, Suite 2100
 Rochester, NY 14620

mailing
 601 Elmwood Avenue, Box 655
 Rochester, NY 14642

**New York State Department of Health
Bureau of Emergency Medical Services
Application for Renewal of BEMS Course Sponsorship
"Long Form Renewal"**

After completing this application and attaching all required documents, send this original renewal application to the Bureau of EMS, Central Office:

NYS DOH Bureau of EMS
Attn: Jean Taylor
875 Central Ave
Albany, New York 12206

Send 1 photocopy of this completed application and required documents to the REMSCO and 1 copy to your BEMS Area Office for review.

July 1, 2019 to June 30, 2021

Please Type

NYS Sponsor Code #: 05-025

Sponsor's

Name: CHS Mobile Integrated Health Care

Location of Sponsorship's main office, location of files, equipment, etc.:

Street Address: 280 Calkins Road

City: Rochester State: NY Zip code: 14623

Location for USPS routine mailings from the Bureau of EMS: (if different from above)

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Location where UPS shipments can be securely sent: (if different from above)

UPS Shipping Address: _____

City: _____ State: _____ Zip code: _____

Sponsorship Day Telephone: 585-334-4190 Sponsorship Fax Number: 585-334-8172

Sponsorship Email: lmissel@chsmobilehealth.org

Sponsorship Web Site Address: chsmobilehealth.org

Federal ID#: 166050390

If Federal ID has changed since last renewal, please submit copy of certificate

Course Sponsorship Type:

Please check appropriate box(es) you have been approved for



Basic Life Support
CFR/EMT - Basic



Advanced Life Support

☐ AEMT -Original and Refresher

☐ EMT - Critical Care Core Content Only

☐ Paramedic - Original



Paramedic Refresher

List the County or Counties where you have been approved to conduct courses and are seeking renewal for:

Monroe - Livingston

Any added counties must be applied for approval through the use of a BEMS Course Sponsorship Upgrade application and must be approved through the Regional EMS Council that has jurisdiction for that additional county.

*Any county not included in this renewal will **not** be considered in the renewal process of this application. If you have been approved for a county not included on this application, it will be removed from the counties you have been approved to conduct courses in.*

Sponsors conducting courses in multiple Regional EMS Council's jurisdictions, must receive a written recommendation from each Regional EMS Council. Submit a copy of this application along with all other required documentation to each Regional EMS Council you have been approved to conduct courses in.

(Please Type)

Course Sponsor's AdministratorLast Name: Missel First Name: Linda MI JE-mail Address: lmissel@chsmobilehealth.orgDay Phone: 585-298-1482 Night Phone: 585-298-1482Other Phone: office 585-334-4190

I have read, understand and agree to comply with the conditions and requirements of this application, Part 800.20 of the Rules and Regulations, BEMS Policy Statements and the administrative policies and procedures outlined in the current Administrative Manual for EMS Educational Programs and its supplements. Our organization complies with all applicable Federal, State and Local laws that pertain to the operation of a business in the State of New York. I understand that any changes to this application including changes in administration require the written approval of the Department's Bureau of Emergency Medical Services prior to implementation of those changes. I also understand that failure to comply with this agreement could result in suspension and/or revocation of the sponsorship, cancellation of courses, and/or refusal to renew this course sponsorship renewal application.

By completing and signing this affirmation, I certify that I have not been convicted of any crime at any time involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses. Further, I certify that I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and/or Medicaid.

Signed: Linda J Missel Date: 4.18.19
Course Sponsor's Administrator**Course Sponsor's Medical Director**Name: Dr. Jeremy CushmanHome Address: 4 Morgan ChaseCity: Honeoye Falls State: NY Zip code: 14472Daytime Telephone: 585-463-2900 Fax Number: 585-473-3516Home Phone: 585-475-8980 NYS License Number: 238824-1

As the Sponsor's Medical Director, I understand that it is my responsibility to assure the medical accuracy and appropriateness of the educational programs and to supervise all clinical and internship programs. [800.20(c)(10)] I have reviewed the course sponsorship requirements and agree to comply with all NYS DOH BEMS regulations and policies.

Signed: [Signature] Date: 4/26/2019
Sponsor's Medical Director

Chief Executive Officer of Corporation/ Municipality (i.e. owner of company, etc.)

This position is required to assure that the Course Sponsorship abides to all local, NYS and Federal laws and regulations that pertain to the operation of a business or municipality in the State of New York.

By completing and signing this affirmation, I certify that I have not been convicted of any crime at any time involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses. Further, I certify that I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and/or Medicaid.

Name: Tracey WenzelTitle: President

Home

Address: 85 Hollybrook RoadCity: RochesterState: NYZip code: 14623Daytime Telephone: 585-334-4190Fax Number: 5685-334-8172

Municipality: _____

Signed: Tracey M. WenzelDate: 4/24/19Chief Executive Officer of Corporation/Municipality**Course Sponsor's Administrator's Liaison**

I have read, understand and agree to comply with the conditions and requirements of Part 800.20 of the Rules and Regulations, and the administrative policies and procedures outlined in the current Administrative Manual for EMS Educational Programs and its supplements. As a Liaison to the Course Sponsor's Administrator, I understand that I will be responsible for receiving correspondence from the New York State Department of Health Bureau of EMS and assuring that the Course Sponsor's Administrator is aware of all correspondence. I will also be responsible for disseminating all relevant correspondence from the NYS DOH Bureau of EMS in a timely manner.

Last

Name: Martin

First

Name AmandaMI AE-mail Address: amartin@chsmobilehealth.org

Daytime

Telephone: 585-831-0757

Evening

Telephone 585-831-0757

Other

Telephones _____

Liaison's

Signature: Amanda MartinDate: 4/18/19

All course sponsors approved to conduct Paramedic Original courses are required to have a full-time Paramedic Program Director. The information below is to be filled out by the Paramedic Program Director for those Course Sponsors only.

Paramedic Program Director

N/A

The Paramedic Program Coordinator is the person who provides overall direction and coordination of the planning, organization, administration, periodic review, continued development, funding and effectiveness of the paramedic program. An EMT-Paramedic Original Course Sponsor must employ a full-time program director whose sole responsibility is to the EMT-Paramedic educational program. He/She must be currently certified as a New York State (NYS) Certified Instructor Coordinator (CIC), must maintain NYS certification as a Paramedic, and be qualified through academic preparation, training and experience to teach the course. He/She must maintain certification with the American Heart Association as an ACLS Instructor or have equivalent instructor level training. The Program Director is an employee of the Course Sponsor and accountable to the Course Sponsor's Administrator. When the Paramedic Program Director is not the course CIC, the Bureau may consider alternative staffing criteria.

I have read, understand and agree to comply with the conditions and requirements of Part 800 of the Rules and Regulations, the administrative policies and procedures outlined in the current Administrative Manual for EMS Educational Programs and its supplements. As Paramedic Program Director I am aware that I am responsible to provide overall direction and coordination of the planning, organization, administration, periodic review, continued development, funding and effectiveness of the paramedic program.

Last Name: _____ First Name _____ MI _____

E-mail Address: _____ AEMT # _____ CIC# _____

Daytime Telephone: _____ Evening Telephone _____

Other Telephones: _____

P.P.D Signature: _____ Date: _____

Instructions to the Course Sponsor's Administrator:

The following information must be attached to the Application for Renewal of Course Sponsorship:

All Sponsors (BLS and ALS)

- X 1. A copy of the Course Policies and Procedures for each level/type of course you plan to conduct.
The Policies and Procedures must be provided to each student on or before the first day of class.
The following subjects, at a minimum, must be covered in the policies:
 - X A. Course goals and objectives.
 - X B. Interim testing requirements and pass/fail criteria.
 - X C. Interim exam retesting requirements.
 - X D. Attendance requirements and make-up procedure.
 - X E. Requirements regarding student's personal conduct and ethics.
 - X F. Emergency class cancellation notification procedures.
 - X G. Course termination/expulsion and appeal procedures, Progressive Discipline Policy
 - X H. Textbooks and ancillary supplies required.
 - X I. Tuition requirement and refund schedule.
 - X J. BLS Clinical Requirements.
 - X K. Course completion requirements
 - X ** L. Signed affiliation agreements with clinical and internship sites. **Included in the Policy Manual
 - X M. Practical lab skills evaluations.
 - X N. Student-Sponsor learning contract for refresher courses.
 - X O. Americans with Disabilities Act procedures advisory.
 - X P. Age eligibility requirements (CFR-16; EMT-17 see Part 800.6)
 - X Q. Criminal conviction policy statement
- X 2. A list of certified instructors, including their instructor certification numbers and expiration dates.
- X 3. An abstract of qualifications and a Curriculum Vitae of the Sponsor's Medical Director.
- X 4. An inventory of all training equipment used for certification courses separated by physical addresses.
- X 5. Personnel policies for instructors and faculty, including sexual harassment policy.
- X 6. List of all locations, including physical address, where classes will be conducted within the next year.
- X 7. List of projected courses for the next six months.

ALS Course Sponsors **N/A

- ___ 8. Policies and Procedures must contain the required statement that students must have current certification as an EMT, valid through the end of the course (Part 800.11). Students who do not meet this requirement are not permitted to enroll in an advanced level course.
- ___ 9. A description of the planned student clinical experience.
 - ___ a. List of all clinical sites to be used.
 - ___ b. Copy of signed clinical affiliation agreement(s).
 - ___ c. List of clinical objectives and minimum time requirements for each rotation.
 - ___ d. List of clinical preceptors with contact telephone numbers, approved by the Sponsors Medical Director.
 - ___ e. Copy of clinical evaluation instrument(s).
 - ___ f. Description of the method of selection/orientation/supervision of preceptors.
- ___ 10. A description of the planned student ALS Field Internship experience.
 - ___ a. List of all ALS Field Internship sites to be used.
 - ___ b. Copy of signed affiliation agreement(s).
 - ___ c. List of field internship objectives and minimum time requirements.

- ___ d. List of field internship preceptors with contact numbers, approved by the Sponsor's Medical Director.
- ___ e. Copy of filed internship evaluation instrument(s).
- ___ f. Description of the method of selection/orientation/supervision of preceptors.

Paramedic Course Sponsors **N/A

- ___ 11. An abstract of qualifications, Curriculum Vitae and job description for the Paramedic Program Director.
- ___ 12. Description of Learning Resources available to student and method of access.

As per 800.20(b)

Each course sponsor shall on or before July 1 and January 1 of each year submit to the appropriate regional emergency medical services councils and the department a projected schedule of courses for the next six months, including the course type, tentative dates and locations, and proposed certified instructor coordinators.

This must be submitted with this application as well as a copy sent to your REMSCO.

Upon Completion of the Course Sponsors Application please forward the *original signed copy* and all attachments to:

**New York State Department of Health
Bureau of EMS
Attn. Jean Taylor
875 Central Ave
Albany, New York 12206**

All Policies and Procedures should be submitted in electronic form. Paper submissions will not be accepted.

Please forward a copy of the Course Sponsors Application and all attachments to your Regional EMS Council and the Department's Area Office for review.

Once the Bureau of EMS in Albany has received your completed original application, the Area Office EMS Representative will contact you during the first year of this agreement to schedule an on-site survey and audit of your facilities, equipment, staff, support and record keeping.

DOH Area Office Review and Recommendation

Sponsor Name: CHS Mobile Integrated Health Care

Was a site visit (sponsor audit) conducted within the past 12 months?

___ Yes Date: ___/___/___

If yes, please identify any significant issues or problems that impact the renewal approval of this application. _____

___ No

I have reviewed this agreement and all the required documents and attachments.

___ Approval Recommended

___ Approval Not Recommended

Comments: _____

Signed: _____ Date: _____

Note to Area Office Representative: Upon completion of your review of this Application for Renewal, please submit your original recommendation page to DOH Central Office.

Area Office EMS Representative

Central Office Review

Received in Central Office: ___/___/___

Reviewed by:

ALS/BLS Coordinator

Date: _____

Comments: _____

Approved: _____ Date: _____

Supervisor

Renewal sponsorship applications shall be reviewed by the appropriate Regional EMS Council, which shall forward its recommendation to the Department within 45 days of receiving the completed application. If the Regional EMS Council does not forward its recommendation within 45 days, the EMS Bureau will process the application without their recommendation. If the Regional EMS Council is a course sponsor, it shall consider only the capability of the sponsor to meet the requirements of this part. If the Regional EMS Council is not a course sponsor, it may consider the size of the potential student pool and the impact of an additional sponsor on the ability of existing sponsors to sustain a student body of adequate size. (10NYCRR-800.20 (a)(3))

The Regional Council shall identify the impact of this sponsorship on the regional training plan.

Please type the name of your Agency, the Regional EMS Council, and Council Chairperson.

NYS Sponsor Code #: 05-025

Agency Name: CHS Mobile Integrated Health Care

Council Name: Monroe Livingston Regional EMS Council

Chairperson: Mark Philippy

After review by the Regional EMS Council, we have taken the following action:

- ☐ Approval is recommended without reservation
- ☐ Approval is recommended with the contingencies noted below:
- ☐ Approval is not recommended for the reason(s) stated below.

Signed: 
Chairperson, Regional EMS Council

Date: 5/20/2019

Note to Regional EMS Council: Upon completion of your review of this Application for Renewal, please submit ONLY the original recommendation page to DOH Central Office and a copy to the appropriate DOH Area Office EMS Representative. Thank you.

**New York State Department of Health
Bureau of Emergency Medical Services
Application for Renewal of BEMS Course Sponsorship
"Long Form Renewal"
July 1, 2019 to June 30, 2021**

After completing this application and attaching all required documents, send this original renewal application to the Bureau of EMS, Central Office:

NYS DOH Bureau of EMS
Attn: Jean Taylor
875 Central Ave
Albany, New York 12206

Send 1 photocopy of this completed application and required documents to the REMSCO and 1 copy to your BEMS Area Office for review.

Please Type

NYS Sponsor Code #: 0 5 - 0 2 4

Sponsor's
Name: Monroe Medi-Trans Inc

Location of Sponsorship's main office, location of files, equipment, etc.:

Street Address: 1669 Lyell Ave

City: Rochester State: NY Zip code: 14606

Location for USPS routine mailings from the Bureau of EMS: (if different from above)

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Location where UPS shipments can be securely sent: (if different from above)

UPS Shipping Address: _____

City: _____ State: _____ Zip code: _____

| | |
|---|--|
| Sponsorship Day Telephone: <u>585-770-3466</u> | Sponsorship Fax Number: <u>585-262-4616</u> |
|---|--|

Sponsorship Email: JSchindler@MonroeAmbulance.com

Sponsorship Web Site Address: www.monroeambulance.com

Federal ID#: 161043764
If Federal ID has changed since last renewal, please submit copy of certificate

Course Sponsorship Type:

Please check appropriate box(es) you have been approved for

☒

Basic Life Support
CFR/EMT - Basic

☐

Advanced Life Support

- ☐ AEMT -Original and Refresher
- ☐ EMT - Critical Care Core Content Only
- ☐ Paramedic - Original
- ☐ Paramedic Refresher

List the County or Counties where you have been approved to conduct courses and are seeking renewal for:

Monroe

Any added counties must be applied for approval through the use of a BEMS Course Sponsorship Upgrade application and must be approved through the Regional EMS Council that has jurisdiction for that additional county.

*Any county not included in this renewal will **not** be considered in the renewal process of this application. If you have been approved for a county not included on this application, it will be removed from the counties you have been approved to conduct courses in.*

Sponsors conducting courses in multiple Regional EMS Council's jurisdictions, must receive a written recommendation from each Regional EMS Council. Submit a copy of this application along with all other required documentation to each Regional EMS Council you have been approved to conduct courses in.

(Please Type)

Course Sponsor's AdministratorLast Name: Schindler First Name: Justin MI: RE-mail Address: JSchindler@MonroeAmbulance.comDay Phone: 585-770-3466Night Phone: 585-770-3466Other Phone: 585-232-9000

I have read, understand and agree to comply with the conditions and requirements of this application, Part 800.20 of the Rules and Regulations, BEMS Policy Statements and the administrative policies and procedures outlined in the current Administrative Manual for EMS Educational Programs and its supplements. Our organization complies with all applicable Federal, State and Local laws that pertain to the operation of a business in the State of New York. I understand that any changes to this application including changes in administration require the written approval of the Department's Bureau of Emergency Medical Services prior to implementation of those changes. I also understand that failure to comply with this agreement could result in suspension and/or revocation of the sponsorship, cancellation of courses, and/or refusal to renew this course sponsorship renewal application.

By completing and signing this affirmation, I certify that I have not been convicted of any crime at any time involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses. Further, I certify that I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and/or Medicaid.

Signed: Justin Schindler Date: 5-2-14**Course Sponsor's Administrator****Course Sponsor's Medical Director**Name: John Schueckler

Home

Address: 601 Elmwood BlvdCity: Rochester State: NY Zip code: 14642Daytime Telephone: 585-463-2970 Fax Number: 585-463-2969Home Phone: _____ NYS License Number: 266509

As the Sponsor's Medical Director, I understand that it is my responsibility to assure the medical accuracy and appropriateness of the educational programs and to supervise all clinical and internship programs. [800.20(c)(10)] I have reviewed the course sponsorship requirements and agree to comply with all NYS DOH BEMS regulations and policies.

Signed: [Signature] Date: 5/2/19**Sponsor's Medical Director**

Chief Executive Officer of Corporation/ Municipality (i.e. owner of company, etc.)

This position is required to assure that the Course Sponsorship abides to all local, NYS and Federal laws and regulations that pertain to the operation of a business or municipality in the State of New York.

By completing and signing this affirmation, I certify that I have not been convicted of any crime at any time involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses. Further, I certify that I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and/or Medicaid.

Name: Thomas CoyleTitle: President

Home

Address: 1669 Lyell AveCity: RochesterState: NYZip code: 14606Daytime Telephone: 585-327-7688Fax Number: 585-454-5182

Municipality: _____

Signed: _____

Date: 4/23/19Chief Executive Officer of Corporation/Municipality**Course Sponsor's Administrator's Liaison**

I have read, understand and agree to comply with the conditions and requirements of Part 800.20 of the Rules and Regulations, and the administrative policies and procedures outlined in the current Administrative Manual for EMS Educational Programs and its supplements. As a Liaison to the Course Sponsor's Administrator, I understand that I will be responsible for receiving correspondence from the New York State Department of Health Bureau of EMS and assuring that the Course Sponsor's Administrator is aware of all correspondence. I will also be responsible for disseminating all relevant correspondence from the NYS DOH Bureau of EMS in a timely manner.

Last

Name: Phelps

First

Name Kim

MI _____

E-mail Address: KPhelps@MonroeAmbulance.com

Daytime

Telephone: 585-327-7621

Evening

Telephone 585-327-7621

Other

Telephones _____

Liaison's

Signature: _____

Date: 4/23/19

All course sponsors approved to conduct Paramedic Original courses are required to have a full-time Paramedic Program Director. The information below is to be filled out by the Paramedic Program Director for those Course Sponsors only.

Paramedic Program Director

The Paramedic Program Coordinator is the person who provides overall direction and coordination of the planning, organization, administration, periodic review, continued development, funding and effectiveness of the paramedic program. An EMT-Paramedic Original Course Sponsor must employ a full-time program director whose sole responsibility is to the EMT-Paramedic educational program. He/She must be currently certified as a New York State (NYS) Certified Instructor Coordinator (CIC), must maintain NYS certification as a Paramedic, and be qualified through academic preparation, training and experience to teach the course. He/She must maintain certification with the American Heart Association as an ACLS Instructor or have equivalent instructor level training. The Program Director is an employee of the Course Sponsor and accountable to the Course Sponsor's Administrator. When the Paramedic Program Director is not the course CIC, the Bureau may consider alternative staffing criteria.

I have read, understand and agree to comply with the conditions and requirements of Part 800 of the Rules and Regulations, the administrative policies and procedures outlined in the current Administrative Manual for EMS Educational Programs and its supplements. As Paramedic Program Director I am aware that I am responsible to provide overall direction and coordination of the planning, organization, administration, periodic review, continued development, funding and effectiveness of the paramedic program.

Last Name: _____ First Name _____ MI _____

E-mail Address: _____ AEMT # _____ CIC# _____

Daytime Telephone: _____ Evening Telephone _____

Other Telephones: _____

P.P.D
Signature: _____ Date: _____

Instructions to the Course Sponsor's Administrator:

The following information must be attached to the Application for Renewal of Course Sponsorship:

All Sponsors (BLS and ALS)

- ☐ 1. A copy of the Course Policies and Procedures for each level/type of course you plan to conduct. The Policies and Procedures must be provided to each student on or before the first day of class. The following subjects, at a minimum, must be covered in the policies:
 - ☐ A. Course goals and objectives.
 - ☐ B. Interim testing requirements and pass/fail criteria.
 - ☐ C. Interim exam retesting requirements.
 - ☐ D. Attendance requirements and make-up procedure.
 - ☐ E. Requirements regarding student's personal conduct and ethics.
 - ☐ F. Emergency class cancellation notification procedures.
 - ☐ G. Course termination/expulsion and appeal procedures, Progressive Discipline Policy
 - ☐ H. Textbooks and ancillary supplies required.
 - ☐ I. Tuition requirement and refund schedule.
 - ☐ J. BLS Clinical Requirements.
 - ☐ K. Course completion requirements
 - ☐ L. Signed affiliation agreements with clinical and internship sites.
 - ☐ M. Practical lab skills evaluations.
 - ☐ N. Student-Sponsor learning contract for refresher courses.
 - ☐ O. Americans with Disabilities Act procedures advisory.
 - ☐ P. Age eligibility requirements (CFR-16; EMT-17 see Part 800.6)
 - ☐ Q. Criminal conviction policy statement
- ☐ 2. A list of certified instructors, including their instructor certification numbers and expiration dates.
- ☐ 3. An abstract of qualifications and a Curriculum Vitae of the Sponsor's Medical Director.
- ☐ 4. An inventory of all training equipment used for certification courses separated by physical addresses.
- ☐ 5. Personnel policies for instructors and faculty, including sexual harassment policy.
- ☐ 6. List of all locations, including physical address, where classes will be conducted within the next year.
- ☐ 7. List of projected courses for the next six months.

ALS Course Sponsors

- ☐ 8. Policies and Procedures must contain the required statement that students must have current certification as an EMT, valid through the end of the course (Part 800.11). Students who do not meet this requirement are not permitted to enroll in an advanced level course.
- ☐ 9. A description of the planned student clinical experience.
 - ☐ a. List of all clinical sites to be used.
 - ☐ b. Copy of signed clinical affiliation agreement(s).
 - ☐ c. List of clinical objectives and minimum time requirements for each rotation.
 - ☐ d. List of clinical preceptors with contact telephone numbers, approved by the Sponsors Medical Director.
 - ☐ e. Copy of clinical evaluation instrument(s).
 - ☐ f. Description of the method of selection/orientation/supervision of preceptors.
- ☐ 10. A description of the planned student ALS Field Internship experience.
 - ☐ a. List of all ALS Field Internship sites to be used.
 - ☐ b. Copy of signed affiliation agreement(s).
 - ☐ c. List of field internship objectives and minimum time requirements.

NYS Sponsor Code #: 0 5 - 0 2 4

- d. List of field internship preceptors with contact numbers, approved by the Sponsor's Medical Director.
- e. Copy of filed internship evaluation instrument(s).
- f. Description of the method of selection/orientation/supervision of preceptors.

Paramedic Course Sponsors

- 11. An abstract of qualifications, Curriculum Vitae and job description for the Paramedic Program Director.
- 12. Description of Learning Resources available to student and method of access.

As per 800.20(b)

Each course sponsor shall on or before July 1 and January 1 of each year submit to the appropriate regional emergency medical services councils and the department a projected schedule of courses for the next six months, including the course type, tentative dates and locations, and proposed certified instructor coordinators.

This must be submitted with this application as well as a copy sent to your REMSCO.

Upon Completion of the Course Sponsors Application please forward the *original signed* copy and all attachments to:

**New York State Department of Health
Bureau of EMS
Attn. Jean Taylor
875 Central Ave
Albany, New York 12206**

All Policies and Procedures should be submitted in electronic form. Paper submissions will not be accepted.

Please forward a copy of the Course Sponsors Application and all attachments to your Regional EMS Council and the Department's Area Office for review.

Once the Bureau of EMS in Albany has received your completed original application, the Area Office EMS Representative will contact you during the first year of this agreement to schedule an on-site survey and audit of your facilities, equipment, staff, support and record keeping.

Renewal sponsorship applications shall be reviewed by the appropriate Regional EMS Council, which shall forward its recommendation to the Department within 45 days of receiving the completed application. If the Regional EMS Council does not forward its recommendation within 45 days, the EMS Bureau will process the application without their recommendation. If the Regional EMS Council is a course sponsor, it shall consider only the capability of the sponsor to meet the requirements of this part. If the Regional EMS Council is not a course sponsor, it may consider the size of the potential student pool and the impact of an additional sponsor on the ability of existing sponsors to sustain a student body of adequate size. (10NYCRR-800.20 (a)(3))

The Regional Council shall identify the impact of this sponsorship on the regional training plan.

Please type the name of your Agency, the Regional EMS Council, and Council Chairperson.

NYS Sponsor Code #: 05 - 02 4

Agency Name: MONROE MEDI-TRANS INC.

Council Name: Monroe - LIVINGSTON

Chairperson: MARK PHILIPPY

After review by the Regional EMS Council, we have taken the following action:

- ☐ Approval is recommended without reservation
- ☐ Approval is recommended with the contingencies noted below:
- ☐ Approval is not recommended for the reason(s) stated below.

Signed:  Date: 5/20/19
Chairperson, Regional EMS Council

Note to Regional EMS Council: Upon completion of your review of this Application for Renewal, please submit ONLY the original recommendation page to DOH Central Office and a copy to the appropriate DOH Area Office EMS Representative. Thank you.

DOH Area Office Review and Recommendation

Sponsor Name: _____

Was a site visit (sponsor audit) conducted within the past 12 months?

____ Yes Date: ____/____/____

If yes, please identify any significant issues or problems that impact the renewal approval of this application. _____

____ No

I have reviewed this agreement and all the required documents and attachments.

____ Approval Recommended

____ Approval Not Recommended

Comments: _____

Signed: _____ Date: _____

Note to Area Office Representative: Upon completion of your review of this Application for Renewal, please submit your original recommendation page to DOH Central Office.

Area Office EMS Representative

Central Office Review

Received in Central Office: ____/____/____

Reviewed by:

Date: _____

ALS/BLS Coordinator

Comments: _____

NYS Sponsor Code #: __0_5__ - __0__2__4

Approved: _____ Date: _____
 Supervisor

**New York State Department of Health
Bureau of Emergency Medical Services
Application for Renewal of BEMS Course Sponsorship
"Short Form Renewal"
July 1, 2019 to June 30, 2021**

After completing this application and electronically attaching all required documents, send this original renewal application to the Bureau of EMS,

***Central Office:
NYS DOH Bureau of EMS
Attn: Jean Taylor
875 Central Ave.
Albany, New York 12206***

Send 1 copy of this completed application and required documents to the REMSCO and 1 copy to your BEMS Area Office for review.

Please Type

NYS Sponsor Code #: 0 5 - 0 1 7

Sponsor's
Name: Monroe Community College

Location of Sponsorship's main office, location of files, equipment, etc.:

Street Address: 1190 Scottsville Road

City: Rochester State: NY Zip code: 14624

Location for USPS routine mailings from the Bureau of EMS: (if different from above)

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Location where UPS shipments can be securely sent: (if different from above)

UPS Shipping Address: _____

City: _____ State: _____ Zip code: _____

Sponsorship
Day Telephone: 585-753-3712

Sponsorship
Fax Number: 585-753-3850

Sponsorship Email: namendolare@monroecc.edu

Sponsorship Web Site Address: http://www.monroecc.edu/depts/pstc/

Federal ID#: 16-0849590

If Federal ID has changed since last renewal, please submit copy of certificate

NYS Sponsor Code #: 0 5 - 0 1 7

Course Sponsorship Type:

Please check appropriate box(es) you have been approved for

☒ Basic Life Support
CFR/EMT - Basic

☒ Advanced Life Support

- ☐ AEMT – Original and Refresher
- ☐ EMT - Critical Care CME Only
- ☐ Paramedic - Original
- ☐ Paramedic Refresher

List the County or Counties where you have been approved to conduct courses and are seeking renewal for:

Monroe, Livingston

Any added counties must be applied for approval through the use of a BEMS Course Sponsorship Upgrade application and must be approved through the Regional EMS Council that has jurisdiction for that additional county.

*Any county not included in this renewal will **not** be considered in the renewal process of this application. If you have been approved for a county not included on this application, it will be removed from the counties you have been approved to conduct courses in.*

Sponsors conducting courses in multiple Regional EMS Council's jurisdictions, must receive a written recommendation from each Regional EMS Council. Submit a copy of this application along with all other required documentation to each Regional EMS Council you have been approved to conduct courses in.

NYS Sponsor Code #: 0 5 - 0 1 7

(Please Type)

Course Sponsor's Administrator

Last Name: Amendolare First Name: Nicole MI A

E-mail Address: namendolare@monroecc.edu

Day Phone: 585-753-3712 Night Phone: 585-734-0816

Other Phone: _____

I have read, understand and agree to comply with the conditions and requirements of this application, Part 800.20 of the Rules and Regulations, BEMS Policy Statements and the administrative policies and procedures outlined in the current Administrative Manual for EMS Educational Programs and its supplements. Our organization complies with all applicable Federal, State and Local laws that pertain to the operation of a business in the State of New York. I understand that any changes to this application including changes in administration require the written approval of the Department's Bureau of Emergency Medical Services prior to implementation of those changes. I also understand that failure to comply with this agreement could result in suspension and/or revocation of the sponsorship, cancellation of courses, and/or refusal to renew this course sponsorship renewal application.

Signed:  Date: 4/12/19
Course Sponsor's Administrator

Course Sponsor's Medical Director

Name: Dr. Maia Dorsett


Home Address: 120 Babcock Drive

City: Brighton State: NY Zip code: 14610

Daytime Telephone: 585-463-2900 Fax Number: 585-473-3516

Home Phone: 314-914-6081 NYS License Number: 287593-1

As the Sponsor's Medical Director, I understand that it is my responsibility to assure the medical accuracy and appropriateness of the educational programs and to supervise all clinical and internship programs. [800.20(c)(10)] I have reviewed the course sponsorship requirements and agree to comply with all NYS DOH BEMS regulations and policies.

Signed:  Date: 4/12/19
Sponsor's Medical Director

NYS Sponsor Code #: 0 5 - 0 1 7

Chief Executive Officer of Corporation/ Municipality (i.e. owner of company, etc.)

This position is required to assure that the Course Sponsorship abides to all local, NYS and Federal laws and regulations that pertain to the operation of a business or municipality in the State of New York.

Name: Dr. Anne Kress

Title: President

Home Address: 1000 East Henrietta Road

City: Rochester State: NY Zip code: 14623

Daytime Telephone: 585-292-2100 Fax Number: 585-424-5249

Municipality: Monroe Community College

Signed:  Date: 4/11/19
Chief Executive Officer of Corporation/Municipality

Course Sponsor's Administrator's Liaison

I have read, understand and agree to comply with the conditions and requirements of Part 800.20 of the Rules and Regulations, and the administrative policies and procedures outlined in the current Administrative Manual for EMS Educational Programs and its supplements. As a Liaison to the Course Sponsor's Administrator, I understand that I will be responsible for receiving correspondence from the New York State Department of Health Bureau of EMS and assuring that the Course Sponsor's Administrator is aware of all correspondence. I will also be responsible for disseminating all relevant correspondence from the NYS DOH Bureau of EMS in a timely manner.

Last Name: Amendolare First Name: Nicole MI: A

E-mail Address: namendolare@MonroeCC.edu

Daytime Telephone: 585-753-3712 Evening Telephone: 585-734-0816

Other Telephones: _____

Liaison's Signature:  Date: 4/9/19

NYS Sponsor Code #: 0 5 - 0 1 7

All course sponsors approved to conduct Paramedic Original courses are required to have a full-time Paramedic Program Director. The information below is to be filled out by the Paramedic Program Director for those Course Sponsors only.

Paramedic Program Director

The Paramedic Program Coordinator is the person who provides overall direction and coordination of the planning, organization, administration, periodic review, continued development, funding and effectiveness of the paramedic program. An EMT-Paramedic Original Course Sponsor must employ a full-time program director whose sole responsibility is to the EMT-Paramedic educational program. He/She must be currently certified as a New York State (NYS) Certified Instructor Coordinator (CIC), must maintain NYS certification as a Paramedic, and be qualified through academic preparation, training and experience to teach the course. He/She must maintain certification with the American Heart Association as an ACLS Instructor or have equivalent instructor level training. The Program Director is an employee of the Course Sponsor and accountable to the Course Sponsor's Administrator. When the Paramedic Program Director is not the course CIC, the Bureau may consider alternative staffing criteria.

I have read, understand and agree to comply with the conditions and requirements of Part 800 of the Rules and Regulations, the administrative policies and procedures outlined in the current Administrative Manual for EMS Educational Programs and its supplements. As Paramedic Program Director I am aware that I am responsible to provide overall direction and coordination of the planning, organization, administration, periodic review, continued development, funding and effectiveness of the paramedic program.

Last Name: Comella First Name William MI

E-mail Address: wcomella@monroecc.edu AEMT # 106119 CIC# 3797

Daytime Telephone: 585-753-3717 Evening Telephone 315-560-9195

Other Telephones:

P.P.D Signature:  Date: 4-10-2019

NYS Sponsor Code #: 0 5 - 0 1 7

Instructions to the Course Sponsor's Administrator:

*Please initial those items which **HAVE NOT** been revised since your last renewal. If any of these items have been revised or replaced since your last renewal, please attach a copy of the revised document to this application:*

All Sponsors (BLS and ALS)

- ☐ 1. A copy of the Course Policies and Procedures for each level/type of course you plan to conduct. (ALS Policies and Procedures must contain the required statement that students must have current certification as a NYS EMT, valid through the end of the course (Part 800.11). Students who do not meet this requirement are not permitted to enroll in an advanced level course) Submit only copies of those Policies or Procedures that have changed since your last renewal.
- ☐ 2. A list of certified instructors, including their instructor certification numbers and expiration dates.
- ☐ 3. An abstract of qualifications and a Curriculum Vitae of the Sponsor's Medical Director.
- na 4. An inventory of all training equipment used for certification courses separated by physical addresses.
- na 5. Personnel policies for instructors and faculty, including sexual harassment policy.
- na 6. List of all locations, including physical address, where classes will be conducted within the next year.

ALS Course Sponsors

- na 7. Policies and Procedures must contain the required statement that students must have current certification as an EMT, valid through the end of the course (Part 800.11). Students who do not meet this requirement are not permitted to enroll in an advanced level course.
- ☐ 8. A description of the planned student clinical experience.
 - na a. List of all clinical sites to be used.
 - na b. Copy of signed clinical affiliation agreement(s).
 - na c. List of clinical objectives and minimum time requirements for each rotation.
 - na d. List of clinical preceptors with contact telephone numbers, approved by the Sponsors Medical Director.
 - ☐ e. Copy of clinical evaluation instrument(s).
 - ☐ f. Description of the method of selection/orientation/supervision of preceptors.
- ☐ 9. A description of the planned student ALS Field Internship experience.
 - na a. List of all ALS Field Internship sites to be used.
 - na b. Copy of signed affiliation agreement(s).
 - See Bc. c. List of field internship objectives and minimum time requirements.
 - na d. List of field internship preceptors with contact numbers, approved by the Sponsor's Medical Director.
 - See Bf. e. Copy of filed internship evaluation instrument(s).
 - See Bf. f. Description of the method of selection/orientation/supervision of preceptors.

Paramedic Course Sponsors

- ☐ 10. An abstract of qualifications, Curriculum Vitae and job description for the Paramedic Program Director.
- na 11. Description of Learning Resources available to student and method of access.

NYS Sponsor Code #: 0 5 - 0 1 7

As per 800.20(b)

Each course sponsor shall on or before July 1 and January 1 of each year submit to the appropriate regional emergency medical services councils and the department a projected schedule of courses for the next six months, including the course type, tentative dates and locations, and proposed certified instructor coordinators.

This must be submitted with this application as well as a copy sent to your REMSCO.

Upon Completion of the Course Sponsors Application please forward the *original signed* copy and any attachments to:

New York State Department of Health
Bureau of EMS
Attn. Jean Taylor
875 Central Ave.
Albany, New York 12206

Please forward a copy of the Course Sponsors Application and all attachments to your Regional EMS Council and the Department's Area Office for review.

NYS Sponsor Code #: 0 5 - 0 1 7

Renewal sponsorship applications shall be reviewed by the appropriate Regional EMS Council, which shall forward its recommendation to the Department within 45 days of receiving the completed application. If the Regional EMS Council does not forward its recommendation within 45 days, the EMS Bureau will process the application without their recommendation. If the Regional EMS Council is a course sponsor, it shall consider only the capability of the sponsor to meet the requirements of this part. If the Regional EMS Council is not a course sponsor, it may consider the size of the potential student pool and the impact of an additional sponsor on the ability of existing sponsors to sustain a student body of adequate size. (10NYCRR-800.20 (a)(3))

The Regional Council shall identify the impact of this sponsorship on the regional training plan.

Please type the name of your Agency, the Regional EMS Council, and Council Chairperson.

NYS Sponsor Code #: 0 5 - 0 1 7

Agency Name: Monroe Community College

Council Name: Monroe - Livingston

Chairperson: Mark Philipp

After review by the Regional EMS Council, we have taken the following action:

- ☐ Approval is recommended without reservation
- ☐ Approval is recommended with the contingencies noted below:
- ☐ Approval is not recommended for the reason(s) stated below.

Signed:


Chairperson, Regional EMS Council

Date:

5/20/2019

Note to Regional EMS Council: Upon completion of your review of this Application for Renewal, please submit ONLY the original recommendation page to DOH Central Office and a copy to the appropriate DOH Area Office EMS Representative. Thank you.

NYS Sponsor Code #: 05-017

DOH Area Office Review and Recommendation

Sponsor Name: _____

Was a site visit (sponsor audit) conducted within the past 12 months?

___ Yes Date: ___/___/___

If yes, please identify any significant issues or problems that impact the renewal approval of this application. _____

___ No

I have reviewed this agreement and all the required documents and attachments.

___ Approval Recommended

___ Approval Not Recommended

Comments: _____

Signed: _____ Date: _____

Note to Area Office Representative: Upon completion of your review of this Application for Renewal, please submit your original recommendation page to DOH Central Office.

Area Office EMS Representative

Central Office Review

Received in Central Office: ___/___/___

Reviewed by:

ALS/BLS Coordinator

Date: _____

Comments: _____

Approved: _____ Date: _____

Supervisor