

**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.