

BLSFR Agency	Name	DOH Agency ID Number
DBA or Assumed Name (if any)		
Physical Location / Address	City	State
		Zip Code
Mailing Address	City	State
		Zip Code
County		
Response Area	Describe/list	<input type="checkbox"/> Check if Fire/Ambulance District
Phone Numbers/Email	Business Phone	Fax
		Email Address
FEIN***	Federal Employer ID Number	
Emergency Phone Numbers	Direct 10 Digit Number	<input type="checkbox"/> Check if Called Through 911
Chief Operations Officer	Name (Print)	Title (Print)
	Day Phone	Cell / Pager
		Email Address
Dispatching Agency	Name	<input type="checkbox"/> Check if Self Dispatched
Dispatch Communications	Radio Frequency	FCC Call Sign
Number of Trained Providers	CPR/First Aid*	CFR
		EMT
		ALS**
Number of Members	Volunteer	Paid
Number of EMS Response Vehicles	Service Owned	Privately Owned
Transporting Ambulance Service	Primary Agency Code Number	Additional Agency Code Number
		Additional Agency Code Number
Number of EMS Calls Annually****	Total Number of Calls Dispatched	Number of Calls with Patient Care Given
Person Completing This Form	Name (Please Print Legibly)	Title
	Signature	Date

* NOTE: AED 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.

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

Return Completed Form to: Attn: BLSFR Update – OPS
New York State Department of Health
Bureau of Emergency Medical Services
875 Central Avenue
Albany, New York 12206-1388

(518) 402-0996

Do Not Write or Mark in Box Below

Application Received:	Check List Complete:	Date Reviewed:	Code Number:	BLSFR Agency:
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