



Susquehanna Regional EMS Council, Inc
Serving: Broome, Tioga, and Chenango Counties

REMAC Policy Statement

Supersedes/ Updates: 10-11

No. 17-01

Date: 02/02/2017

Re: Requirements and
Procedure in
Credentialing EMT's

Page 1 of

Purpose:

The purpose of this REMAC policy is to clarify the credentialing process for all EMT's ensuring that all EMS providers have photo identification to be prominently displayed while providing care. This policy applies to all New York State Certified BLS/ALS Ambulance Services and BLSFR/ALSFR agencies operating in the SREMS region.

Policy:

Any new EMS provider in the SREMS region will follow this procedure to obtain their photo identification in either Broome, Tioga or Chenango County.

1. After application and acceptance as a member of a local EMS provider, based upon applicants level of certification- i.e.- driver, EMT- basic, AEMT-Intermediate, Critical Care or Paramedic the applicant will need to complete the following forms:
 - a. Complete their county specific **Credential Card Application Form** (attachment 1a- Broome County, 1b- Chenango County-must include a jpg photo with application, 1c-Tioga County)- all providers. With an EMT-basic a copy of their NYS EMT certification card must be forwarded to the SREMS office.
 - b. **Advanced Emergency Medical Technician Request for Practice Form** (attachment 2) original is kept by accepting agency, copy of this form and of the individual's NYS EMT certification card must be forwarded to the SREMS office.
 - c. **Advanced Life Support Provider Statement of Agreement** (attachment 3) –the original of this form is retained by accepting agency, copy is forwarded to SREMS office.

Procedure:

Once an applicant has a letter of acceptance from an EMS provider, he/she needs to take a copy of that letter, along with either attachment 1a, 1b or 1c (depending on the county in which you are seeking a photo identification card) and contact their corresponding county's Office of Emergency Services to set up a time to have a photo taken.

A. NEWLY CERTIFIED/ADVANCED EMT'S

AEMT-Intermediate, Critical Care and Paramedic who have recently completed their training and become NYS certified and who have NOT held practice privileges in another ALS system need to complete a field evaluation period with the ALS agency or agencies wishing to sponsor the candidate for privileges. Evaluation forms are generated and kept by the sponsor agency.

Graduates of AEMT training programs must provide their EMS agency with copies of their NYS AEMT certification, copies of laboratory ALS skills competency verifications documents and must be provided with a copy of the Susquehanna Regional ALS Protocols (obtained via phone app, or upon request a paper copy will be provided by the SREMS office). The Medical Director Designee

of these candidates should provide a letter to the Agency's Medical Director, introducing the candidate and requesting permission for the candidate to begin supervised ALS evaluation. *CANDIDATES MAY NOT BEGIN SUPERVISED ALS EVALUATION UNTIL PERMISSION TO DO SO IN WRITING HAS BEEN GIVEN BY THE AGENCY'S MEDICAL DIRECTOR.*

Candidates must complete a MINIMUM of 10 field evaluations overseen by agency authorized preceptor involving patients receiving ALS care. These evaluations must all involve New York State AEMT curriculum "Phase3" level responsibilities and performance on the part of the candidate, and may be taken from the candidate's pre-certification field internship experience (Phase 3 experiences ONLY), or evaluations taking place after the candidate's certification.

B. EXPERIENCED ADVANCED EMT'S

AEMT's who are coming into the Susquehanna Regional EMS system, and who have held "independent" practice privileges in another ALS system, may enjoy an abbreviated evaluation period. However, the EMS agency must verify the individual's credentials and obtain written permission from the Agency's Medical Director BEFORE these individuals may begin supervised evaluation. These candidates must provide the agency with copies of their NYS AEMT certification, copies and a letter from their previous ALS Regional Medical Director, administrator or agency supervisor verifying their prior ALS affiliation in good standing. They must also be provided with a copy of the SREMS ALS protocols (obtained via phone app, or upon request a paper copy will be provided by the SREMS office). The Medical Director Designee of these candidates should provide a letter to the Agency's Medical Director, introducing the candidate and requesting permission for the candidate to begin supervised ALS evaluation. *CANDIDATES MAY NOT BEGIN SUPERVISED ALS EVALUATION UNTIL PERMISSION TO DO SO IN WRITING HAS BEEN GIVEN BY THE AGENCY'S MEDICAL DIRECTOR.*

The field evaluation period for candidates in this category will consist of a MINIMUM of 5 field evaluations overseen by a preceptor, involving patients receiving ALS care. These evaluations must all involve "Phase 3" level responsibilities and performance on the part of the candidate, and must take place within the Susquehanna Regional EMS system.

C. ADDITIONAL AGENCY AFFILIATION

AEMT's that hold current practice privileges in the SREMS region through one ALS agency, and are forming an affiliation with another ALS agency, **MUST** complete the **Advanced Life Support Provider Statement of Agreement** (attachment 3) along with the **Emergency Medical Technician Request for Practice Form** (attachment 2) for each "new" additional ALS agency. The AEMT is subject to any internal evaluation process or restrictions on their practice in the new agency that is imposed by that agency's Medical Director.

D. FILING FOR CREDENTIALS:

The Agency Medical Director has the authority to require Additional field evaluations beyond the minimum specified in this policy. Agency Medical Directors may also set their own requirements as to how much of the AEMT evaluation experience must take place within the new credentialing agency, and or accept experiences from other credentialing agencies. Agency Medical Directors **may not waive** the minimum requirements set forth in this policy.

Upon completion of the evaluation periods described above, the candidate must submit all evaluation documentation to the EMS agency's Medical Director Designee. It is the discretion of the Agency's Medical Director as to when he/she is satisfied with the candidate's performance and wishes to grant the candidate practice privileges within the agency.

E. RECORDS MANAGEMENT

It is the provider's responsibility to update and file all appropriate documents as written in this policy.

It is the Agency's responsibility to notify the SREMS office when an AEMT's affiliation with an agency ends for any reason

F. DEFINITIONS:

AEMT- Advanced Emergency Medical Technician (Intermediate, Critical Care or Paramedic)

Agency Medical Director- see NYS DOH Providing Medical Direction policy 10-07

ALS- Advanced Life Support

EMS- Emergency Medical Services

Medical Director Designee- is a certified provider and member of an EMS agency that the Agency's Medical Director has designated as their liaison.

NYS DOH- New York State Department of Health

Phase 3- New York State AEMT curriculum based level responsibilities and performance

Preceptor-trainer or instructor

REMAC- Regional Emergency Medical Advisory Committee

SREMS- Susquehanna Regional EMS-covering Broome, Chenango and Tioga Counties



**BROOME COUNTY OFFICE OF EMERGENCY SERVICES
CREDENTIAL CARD APPLICATION**

2/2/2011

				OFFICE USE ONLY	
LAST NAME:			RECORD ID #:		
FIRST NAME:			APPLICATION BY:		
MIDDLE INITIAL:		RANK:		DATE ISSUE:	
DOB:			CARD BY:		
* SSN#:		PROB. FF <input type="checkbox"/> YES <input type="checkbox"/> NO		BADGE #:	
ADDRESS 1:			IDENTIFICATION PRESENTED- TWO FORMS ONE FORM OF ID MUST BE GOVERNMENT ISSUED WITH PHOTO (must be valid)		
ADDRESS 2:					
CITY:		ST		DRIVERS LICENSE/PERMIT - Photo	
ZIP:			#		PASSPORT - Photo
DEPT NAME:					MILITARY ID - Photo
CFR OR ABOVE <input type="checkbox"/> YES <input type="checkbox"/> NO					NYS PISTOL PERMIT - Photo
FIRE TAG LVL <input type="checkbox"/> RED <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN					EMPLOYEE ID CARD - Photo
* DRIVERS LIC #:					HIGH SCHOOL ID - Photo
HOME PHONE:					COLLEGE ID - Photo
* CELL PHONE:					WELFARE/MEDICAID - Photo
* WORK PHONE:					FOOD STAMP CARD - Photo
* NYS FIRE Training ID #:					SOCIAL SECURITY CARD
NYS DOH #:		EXPIRES:		NYS PROFESSIONAL LICENSE	
* EMAIL:					BIRTH CERTIFICATE
HEIGHT:		WEIGHT:		HIGH SCHOOL DIPLOMA / GED	
EYES:		HAIR:		COLLEGE DEGREE	
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE					MARRIAGE CERTIFICATE
* EMERGENCY CONTACT:					COMPUTER PRINTED PAYROLL STUB
* CONTACT PHONE:					CERTIFICATE OF NATURALIZATION
* PHYSICIAN:					NYS CERTIFICATE OF TITLE
* PHYSICIAN PHONE:			OTHER		
* INS CARRIER:			OTHER		
* POLICY #:					
* RELIGION:		ORGAN DONOR <input type="checkbox"/> YES <input type="checkbox"/> NO		BLOOD TYPE:	
* ALLERGIES (up to 4):					
* MEDS (up to 4):					

* **Non-Mandatory Fields**

Are you willing to Deploy out of County or Out of State YES NO

NIMS & ICS Courses Completed (Circle): NIMS-700 NIMS- 701 NIMS 800

Others: _____

OFFICE USE ONL

ICS-100 ICS 200 ICS 300 ICS 400 << Certificates are required

ICS Position Specific Courses - Copy of Certificates Required: _____

NYS Fire/EMS Training Completed

All Fire Training subject to verification with NYS OFP&C

	Check Block		Check Block
Accident Victim Extrication Training	<input type="checkbox"/>	NYS Code Enforcement Certification	<input type="checkbox"/>
Aircraft Rescue & Firefighting	<input type="checkbox"/>	NYS Peace Officer	<input type="checkbox"/>
Apparatus Operator - Aerial Devices	<input type="checkbox"/>	NYS Police Officer	<input type="checkbox"/>
Apparatus Operator - EVOG	<input type="checkbox"/>	Principles of Building Construction	<input type="checkbox"/>
Apparatus Operator - Pump	<input type="checkbox"/>	Principles of Fire Investigation	<input type="checkbox"/>
Basic Structural Collapse Operations	<input type="checkbox"/>	Public Safety Critical Incident Management	<input type="checkbox"/>
Basic Trench Collapse Concepts	<input type="checkbox"/>	Rescue Technician - Basic	<input type="checkbox"/>
Basic Wildland Fire Suppression (DEC)	<input type="checkbox"/>	Rope Rescue 1	<input type="checkbox"/>
Clandestine Drug Lab Awareness	<input type="checkbox"/>	Rope Rescue 2	<input type="checkbox"/>
Confined Space Rescue: Tech Level	<input type="checkbox"/>	SCBA Confidence	<input type="checkbox"/>
Confined Space Awareness & Safety	<input type="checkbox"/>	Scene Support Operations	<input type="checkbox"/>
Decontamination	<input type="checkbox"/>	School Bus Rescue	<input type="checkbox"/>
Decon Trailer Equipment Training	<input type="checkbox"/>	Swift Water Rescue	<input type="checkbox"/>
FAST	<input type="checkbox"/>	Thermal Imaging Camera Operations	<input type="checkbox"/>
Fire Behavior & Arson Awareness	<input type="checkbox"/>	Truck Company Operations	<input type="checkbox"/>
Fire Officer I	<input type="checkbox"/>	Water Rescue Awareness	<input type="checkbox"/>
Fire Officer 2	<input type="checkbox"/>	Water Supply Operations	<input type="checkbox"/>
Fire Officer 3	<input type="checkbox"/>	Wildland Search & Rescue (DEC)	<input type="checkbox"/>
Fire Police	<input type="checkbox"/>	WMD Awareness	<input type="checkbox"/>
Fire/Arson Investigation	<input type="checkbox"/>		
Firefighter 1	<input type="checkbox"/>	EMS/Driver Aide	<input type="checkbox"/>
Firefighter II	<input type="checkbox"/>	Certified First Responder	<input type="checkbox"/>
Firefighter Survival	<input type="checkbox"/>	Emergency Medical Technician	<input type="checkbox"/>
Haz Mat 1st Responder Awareness	<input type="checkbox"/>	Emergency Medical Technician - Intermediate	<input type="checkbox"/>
Haz Mat Technician	<input type="checkbox"/>	Emergency Medical Technician - Critical Care	<input type="checkbox"/>
Haz Mat, 1st Responder Operations	<input type="checkbox"/>	Paramedic	<input type="checkbox"/>
Haz Mat, Incident Command	<input type="checkbox"/>	EMS Tactical Team	<input type="checkbox"/>
Haz Materials, Technician Basic	<input type="checkbox"/>	EMS Physician	<input type="checkbox"/>
Health & Safety Officer	<input type="checkbox"/>		
Ice Rescue Technician	<input type="checkbox"/>	Specialized Team Member	<input type="checkbox"/>
Incident Safety Officer	<input type="checkbox"/>	Specialized Team Member	<input type="checkbox"/>
Introduction to Fire Officer	<input type="checkbox"/>	Specialized Team Member	<input type="checkbox"/>

NOTICE

Penal Law Sec. 210.45

IT IS A CRIME, PUNISHABLE AS A CLASS A MISDEMEANOR UNDER THE LAWS OF THE STATE OF NEW YORK, FOR A PERSON, IN AND BY A WRITTEN INSTRUMENT, OR MAKE A STATEMENT WHICH SUCH PERSON DOES NOT BELIEVE TO BE TRUE.

Issued cards remain the property of Broome County and must be surrendered upon request.

AGENCY CHIEF'S CERTIFICATION:

DATE:

APPLICANTS SIGNATURE:

DATE:

OFFICE NOTES:



Chenango County Bureau of Fire

Accountability Form

Please complete all information and return with a headshot in JPG

format (file name is the applicant name).

Organization: _____ Org ID: _____ Rank: _____

NYS ID: _____ EMT#/Expiration Date: _____

Last 4 #s of Social Security Number _____

Last Name: _____ First Name: _____ MI _____

Date of Birth: _____ Gender: _____

Address: _____ Home Phone: _____

Street: _____ Work Phone: _____

City: _____ Cell Phone: _____

State: _____ Email: _____

Zip Code: _____ Emergency Contact Name: _____

Emergency Contact Number: _____

Qualification:

Fire Fighter 1

(Equivalents: Basic FF [or Firefighting Essentials]; Intermediate FF [or Initial Fire Attack and FF Safety & Survival and Fire Behavior & Arson Awareness] AND Hazmat First Responder)

Fire Fighter 2

*(Equivalents: Firefighter 1 certification **with** Advanced Firefighter, [or Fire Attack II]; AND Accident Victim Extrication Training)*

Interior Fire Fighter

Exterior Fire Fighter

EMT BLS

EMT ALS

Critical Care

Paramedic

Other: _____

Photo Number or identifier: _____

Attachment B



TIOGA COUNTY BUREAU OF FIRE CREDENTIAL CARD APPLICATION

Office use only
Fire Tag: ___ EMS Tag: ___ Other: _____

EMS Level:	<input type="checkbox"/> Driver Aid <input type="checkbox"/> CFR <input type="checkbox"/> EMT <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-CC <input type="checkbox"/> EMTP <input type="checkbox"/> EMT-TT <input type="checkbox"/> Other: _____								
Last Name:		First Name:		MI:					
Company:									
Address	Address 1:								
	Address 2:								
	City:								
	State:		ZIP:						
Sex:		Height:		Weight:		Race:		Hair:	
Eyes:		Driver License:		DOB:		Blood Type:			
Email:									
Medical Alerts:									
Emergency Contact:						Contact Number:			
Primary Phone:						<input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> P			
2nd Number:						<input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> P			
3rd Number:						<input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> P			
Regarding EMS - NYS DOH Certification "EMT Number"					Regarding Fire - New York State OFPC				
EMS #:		EXP Date:		FIRE NYS Training #:					
Fire Fighter Tag:	<input type="checkbox"/> RED <input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN <input type="checkbox"/> JR FF <input type="checkbox"/> FIRE POLICE <input type="checkbox"/> ESS/AUX								
Special Teams:	<input type="checkbox"/> Fire Investigations <input type="checkbox"/> Haz Mat <input type="checkbox"/> Search & Rescue <input type="checkbox"/> CSID <input type="checkbox"/> Fire Police <input type="checkbox"/> Other: _____								

Identification presented two forms, one form of ID must be government issued with photo. (Must be valid)

Driver license/permit - Photo	Welfare/Medicaid - Photo	Marriage certificate	
Passport - Photo	Food stamp card - Photo	Computer printed payroll stub	
Military ID - Photo	Social security card	Certificate of naturalization	
NYS Pistol permit - Photo	NYS professional license	NYS certificate of title	
Employee ID Card - Photo	Birth certificate	Other: _____	
High school ID - Photo	High school diploma / GED	Other: _____	
College ID - Photo	College degree		

ICS 100 [] ICS 200 [] ICS 300 [] ICS 400 [] IS 700 [] IS 800 [] Other FEMA/NIMS: _____

TURN OVER - MORE ON BACK OF SHEET

8-Aug-14

All Fire training subject to verification with NYS OFPC and BEMS

NYS FIRE/EMS Training Completed	Code	Check Box	NYS FIRE/EMS Training Completed	Code	Check Box
Accident Victim Extrication Training	VEHX		NYS Code Enforcement Certification		
Aircraft Rescue & Firefighting	ARFF		NYS Peace Officer		
Apparatus Operator - Aerial Devices	FADO		NYS Police Officer		
Apparatus Operator - EVOC	EVO		Principles of Building Construction		
Apparatus Operator - Pump	FADO		Principles of Fire Investigation		
Basic Structural Collapse Operations			Public Safety Critical Incident Management		
Basic Trench Collapse Concepts			Rescue Technician - Basic	REST	
Basic Wildland Fire Suppression (DEC)			Rope Rescue 1	ROPER	
Clandestine Drug Lab Awareness			Rope Rescue 2	ROPER	
Confined Space Rescue: Tech Level	CSRT		SCBA Confidence		
Confined Space Awareness & Safety			Scene Support Operations		
Decontamination	HMD		School Bus Rescue		
Decon Trailer Equipment Training			Swift Water Rescue		
FAST	FAST		Thermal Imaging Camera Operations		
Fire Behavior & Arson Awareness			Truck Company Operations		
Fire Officer I Haz Mat Ops - Essentials and Initial Fire Attack or Basic and intermediate Firefighter	FO1		Water Rescue Awareness		
Fire Officer 2	FO2		Water Supply Operations		
Fire Officer 3	FO3		Wildland Search & Rescue (DEC)		
Fire Police	FP		WMD Awareness		
Fire/Arson Investigation	FINV		EMS/Driver Aide		
Firefighter 1	FF1		Certified First Responder	CFR	
Firefighter II	FF2		Emergency Medical Technician	EMT	
Firefighter Survival			Emergency Medical Technician - Intermediate	EMTI	
Haz Mat 1st Responder Awareness	HMA		Emergency Medical Technician - Critical Care	EMTCC	
Haz Mat Technician	HAZT		Paramedic	EMTP	
Haz Mat, 1st Responder Operations	HAZO		EMS Tactical Team	SMED	
Haz Mat, Incident Command	HMIC		EMS Physician	EMSDR	
Health & Safety Officer			Specialized Team Member		
Ice Rescue Technician	ICET		Specialized Team Member		
Incident Safety Officer	SOFC		Specialized Team Member		
Introduction to Fire Officer					

Notice

Penal Law Sec. 210.45: It is a crime, punishable as a class A misdemeanor under the law of the State of New York for a person, in and by a written instrument, or make a statement which such person does not believe to be true.

Issued cards remain the property of Tioga County and must be surrendered upon request.

Department Chief Signature: _____

Date: _____

Applicants Signature: _____

Date: _____



**SREMS
COUNCIL**

Susquehanna Regional EMS Council, Inc.

62 Lusk Street ▪ Johnson City, NY 13790

Ph 607.699.1367 ▪ Fax 607.397.2728

ADVANCED EMERGENCY MEDICAL TECHNICIAN REQUEST FOR PRACTICE PRIVILEGES

A. (This Section to be Completed by AEMT/Candidate)

I _____ have completed all of the
(name of candidate)
requirements prescribed by the Susquehanna Regional Emergency Medical Advisory Committee (REMAC)
per the Regional Credentialing policy for unsupervised practice privileges as an AEMT _____ in the
(level)
Region, and do now hereby request to be granted these privileges, subject to all of the provisions and
limitations of the Susquehanna Regional EMS ALS Provider Agreement (attached), which I have read,
signed, and accept without limitation. As evidence of my completion of the prescribed requirements, I have
attached all of the appropriate documentation to this application.

(Signature of Candidate)

(Date)

B. (This Section to be Completed by Agency ALS Supervisor)

I hereby certify that the above-named AEMT has successfully completed the requirements prescribed for
him/her for unsupervised practice privileges in the Susquehanna Region at the AEMT level per the Regional
Credentialing Policy , and on behalf of _____
(name of EMS agency represented)

do hereby recommend that these privileges be granted, and do represent that he/she is to be granted
permission by this agency to practice unsupervised at this level upon receipt of practice privileges.

(Signature of ALS Supervisor)

(Date)

C. (EMS Agency Medical Director Approval)

Medical Director Name: _____ MD DO

NYS License Number: _____ Expires _____

As the Agency Medical Director of the EMS agency, I have reviewed the above application, and do hereby grant the requested unsupervised AEMT practice privileges per the Regional Credentialing Policy, subject to any limitations noted below:

Prescribed Limitations (Probation, PCR Review by ALS Supervisor, etc.):

Signature of Medical Director

Date of Signature

D. (Program Agency Office Use Only)

Agency Credentials Verified:

- * Agency REMAC-Approved for ALS Service
- * Medical Director Signing is Appropriate One for Agency

Required Documents Attached:

- * Copy of Valid NYS AEMT Certification
- * ALS Provider Agreement (agency generated), Completed and Signed
- * Prescribed Field Evaluation (per Policy) Completed and Verified (*to be Kept on File at the Agency*)

Completed by

Date

Date Entered: _____

By: _____

Agency Name:

Advanced Life Support Provider Statement of Agreement

I, _____, in accepting the privilege to practice as an _____ at (Agency name), within the SREMS Advanced Life Support (ALS) System, do hereby agree, without exception, to all of the following provisions:

- 1) That the privilege to practice as an Advanced Emergency Medical Technician (AEMT) at the Agency, is separate from, but in addition to and expiring with, my certification as a New York State AEMT, and is granted by the Agency Medical Director, at his/her discretion, upon evidence of satisfactory knowledge, competence, and ability in the ability in the role of an AEMT. I acknowledge that this privilege represents a limited extension to me, by the Agency Medical Director, of his/her license to practice medicine in the State of New York, and that the Agency Medical Director therefore reserves the right to control, within reason, all aspects of my practice as an AEMT at the Agency.
- 2) That I will abide by the rules, regulations, and protocols of the New York State Department of Health and SREMS Protocols for pre-hospital care as they relate to my practice as an AEMT, as they exist now and upon reasonable notice as they may be revised in the future, and that my failure to do so will constitute due cause for restriction, suspension, or revocation of my ALS practice privileges by the Agency Medical Director.
- 3) That the Agency Medical Director has the absolute right to restrict, suspend, or revoke my ALS practice privileges at his/her discretion, upon evidence or charges of behavior on my part which is harmful to myself or others, including, but not limited to: murder, manslaughter, attempted suicide, assault, battery, sexual abuse or misconduct, theft, robbery, fraud, drug or alcohol abuse, illegal sale of drugs, or attempt to commit any such act.
- 4) That I will participate upon reasonable notice and as required by the Agency Medical Director, in skills maintenance, continuing education, and Continuous Quality Improvement activities, and that my failure to comply with generally or individually prescribed requirements in any of these categories will constitute due cause for the restriction, suspension, or revocation of my ALS practice privileges by the Agency Medical Director.
- 5) In the event that the Agency Medical Director shall restrict, suspend, or revoke my ALS practice privileges as provided in paragraph 3 or paragraph 4 above, the Agency Medical Director agree to provide me with a written statement of the reasons of such restrictions, suspension, or revocation within ten (10) days thereof, and shall afford me an opportunity to meet with him/her to address, refute, or otherwise contest the basis for such restriction, suspension, or revocation within thirty (30) days thereof. All information and documentation regarding the basis for restriction, suspension, or revocation shall remain confidential between the parties until it is agreed in writing by both parties that such information and/or documentation shall not be confidential.

In witness wherefore, this acceptance is executed this ____ day of _____, _____.

(AEMT signature)

(Employee Number)

(Witness signature)

(Date)

(Agency Medical Director)

(Date)