WREMAC Provider Privileges Application

| Provider: | | Agency: | | | | | | | |
|---|------------------------|-----------------|---------------|----------------------|-----------|---------------------|------------------|-------------|--|
| | t Name | Maiden N | lame or Alias | | | | | | |
| | Paramedic | Criti | cal Care | AEMT | EM | T-I | EMT-B | CFR | |
| NYS Certification # (6 digits): | | | | | | | | | |
| Expiration Date: | | | | | | | | | |
| Date of agency orientation: (new providers with agency only) | | | | | | | | | |
| Date skills verification complete: | | | | | | | | | |
| Date of WREMAC protocol exam: | | | | | | | | | |
| CPR Course Name: | | | | | | | | | |
| Expiration Date: | | | | | | | | | |
| Trauma Life Support Course: | | | | | | | | | |
| Expiration Date: | | | | | | | | | |
| Pediatric Life Support Course: | | | | | | | | | |
| Expiration Date: | | | | | | | | | |
| Cardiac Life Support Course: Expiration Date | | | | | | | | | |
| Expiration Date | | | | | | | | | |
| List <u>all</u> EMS agencies with which you | ı have <u>ever bee</u> | en affilia | ated as a c | ertified provid | der (use | back of | f form if neces | ssary) | |
| Name of Service | Dates with Service | | Service | Service Medical Dire | | ctor Telephone Numb | | ımber | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| If you answer "Yes" to any question b | pelow, provide | a full de | escription | on a separate | sheet of | naner. | | | |
| y | , F | | F | r | | rr | | | |
| 1. Has your medical command aut | horization eve | r been 1 | restricted | ? No | Yes | (expla | in) | | |
| 2. Has your medical command autl | horization eve | r heen <i>c</i> | denied or | withdrawn (| or have | VALL EV | er voluntarily | v resigned | |
| from an EMS agency to avoid ar | | | | • | | you ev | ci voiumuiin, | yresigned | |
| from an Livis agency to avoid an | ly form of disc | ipinic. | 110 | 103 (04 | ipiaiii) | | | | |
| 3. Has any disciplinary sanction be | en imposed ag | gainst y | ou (regar | dless of whet | her it is | preser | itly stayed pe | nding | |
| disposition of an appeal), or is a | ny disciplinary | charge | e currentl | y pending ag | ainst yo | u? _ | No Y | es (explain | |
| Dy signing halow, I attest that all information | contained on this | form is as | mnlataly ac | sources and no inf | formation | has boon | omitted or misro | nracantad | |
| By signing below, I attest that all information I give permission to the WREMAC, the EMS | | | | | | | | _ | |
| eligibility for privileges. I understand that any | | - | | - | | - | | | |
| at any time for violation of just cause. I agree | | | | | | | | | |
| understand that failure to do so will result in s | - | | | | | _ | | - | |
| my privileges in all agencies with which I have | | - | | | | | | - | |
| Agency, the Medical Director, and all affiliate permission to the WREMAC, the EMS Programmers | | | | | | | | | |
| of my privileges are suspended or revoked for | | 1511 | , and u | | , 101 | | | ,g charac | |
| • | | | | | | | | | |
| | | | | | | | | | |
| Provider's Signature | Date | | Agen | cy Officer Sig | gnature | | Γ | Pate | |
| | | | | | | | | | |
| Date reviewed by medical director: _ | | | | | | | | | |