



# *SUSQUEHANNA REGIONAL EMS COUNCIL, INC.*

**PUBLIC SAFETY FACILITY • 153 LT. VANWINKLE DRIVE  
BINGHAMTON, NEW YORK • 13905-1559  
PHONE: 607-778-2180 • FAX: 607-778-1182**

*SERVING BROOME, CHENANGO, AND TIOGA COUNTIES*

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## REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE (REMAC) REQUIREMENTS AND PROCEDURE FOR CREDENTIALING ADVANCED EMTs

With the completion of every Advanced EMT-I/CC and Paramedic Original course, the arrival of new ALS providers from other systems, and the appointment of new ALS Supervisors, we receive inquiries about the process to be used to obtain "independent" practice privileges for AEMTs from various sources. This policy is intended to clarify this process for ALS Supervisors and AEMTs alike.

### NEWLY-CERTIFIED ADVANCED EMTs.

AEMT-Is, CCs and Ps 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 may be obtained from the Regional Program Agency Office.

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. ALS Supervisors of these candidates should provide a letter to the Agency 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 HAS BEEN GIVEN BY THE AGENCY MEDICAL DIRECTOR!**

The field evaluation period for candidates in this category will consist of a MINIMUM OF 10 field evaluations by authorized preceptors involving patients receiving ALS care. These evaluations must all involve "Phase 3"-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.

### EXPERIENCED ADVANCED EMTs

AEMTs 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. Like new AEMTs trained outside of the Region, however, the EMS agency must verify their credentials and obtain permission from the Agency Medical Director BEFORE these individuals may begin supervised field evaluation. These candidates must provide the agency with copies of their NYS AEMT certification, copies of laboratory ALS skills competency verification documents and/or field performance records, and a letter from their previous ALS System Medical Director, administrator, or agency supervisor verifying their prior ALS affiliation in good standing. They must also be provided with a copy of the Susquehanna Adirondack Regional ALS Protocols and a Protocol Update Packet (we will furnish these). ALS Supervisors of these candidates should provide a letter to the 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 HAS BEEN GIVEN BY THE AGENCY MEDICAL DIRECTOR!**

The field evaluation period for candidates in this category will consist of a MINIMUM OF 5 field evaluations by authorized preceptors 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.

AEMTs who hold current practice privileges in the Susquehanna Region, through one ALS agency, who are forming an affiliation with another ALS agency, MUST obtain permission from the Medical Director of the "new" agency to practice with that agency. These persons are subject to any internal evaluation process or restrictions on their practice in the new agency that is imposed by that agency's Medical Director.

The documents included with this policy should be completed and signed for any new agency affiliations within the Region, and filed with the Program Agency Office. It is also requested that this Office be notified in writing when an AEMT's affiliation with your agency is ends for any reason.

Upon completion of the field evaluation periods described above, the candidate should submit all evaluation documents to the agency's ALS Supervisor. It is completely at the discretion of the Agency Medical Director as to when the he/she is satisfied with the candidate's performance, and wishes to grant the candidate practice privileges within the agency. In other words, the agency is well within his/her rights to require ADDITIONAL evaluations beyond the minimums specified in this policy. Agencies, however, may not waive REMAC requirements, and may not abbreviate the experience requirements here specified. Agencies may also set their own requirements as to how much of the evaluation experience must take place within the agency, and how much may be accepted from other agencies within the Region.



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**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) 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)

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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, 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, 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, Completed and Signed
- Application for Regional Photo ID and TEK Number, Completed and Signed
- Tag agreement form, completed and signed
- Prescribed Field Evaluation (per Policy) Completed and Verified

\_\_\_\_\_  
Completed by

\_\_\_\_\_  
Date

TEK Number Issued: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Candidate Notified (Date): \_\_\_\_\_

By: \_\_\_\_\_



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## Advanced Life Support Provider Statement of Agreement

I \_\_\_\_\_, in accepting the privilege to practice as  
(Name of AEMT)

an Advanced Emergency Medical Technician - Level \_\_\_\_\_, in the Susquehanna Regional EMS System, do hereby agree, without exception, to all of the following provisions:

- 1) That the privilege to practice as an Advanced Emergency Medical Technician in the Susquehanna Regional EMS System is separate from, but in addition to and expiring with, my certification as a New York State AEMT, and is granted by my EMS Agency Medical Director, at his/her discretion, upon evidence of satisfactory knowledge, competence, and ability to function safely and competently 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 within the EMS agency or agencies for which he/she serves as Medical Director.
- 2) That I will abide by the rules, regulations, and protocols of the New York State Department of Health and the Susquehanna Regional Emergency Medical Advisory Committee (REMAC), as they relate to my practice as an Advanced Emergency Medical Technician, 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 the 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 acts.
- 4) That I will participate, upon reasonable notice and as required by the REMAC and/or 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 REMAC and/or the Agency Medical Director shall restrict, suspend or revoke my ALS practice privileges as provided in paragraph 3 or paragraph 4 above, the REMAC and/or the Agency Medical Director agrees to provide me with a written statement of the reasons for such restriction, 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 the 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 WHEREOF, this acceptance is executed this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_:

\_\_\_\_\_  
(AEMT Signature) (Date)

\_\_\_\_\_  
(Witness Signature) (Date)

\_\_\_\_\_  
(EMS Agency Medical Director) (Date)

\_\_\_\_\_