



**SREMS  
COUNCIL**

**Susquehanna Regional EMS Council, Inc.**

311 Exchange Avenue ▪ 2nd Floor Unit 2

Endicott, NY 13760

Ph 607.699.1367 ▪ Fax 607.397.2728

## 2019 BLS Protocol Attestation

As the Chief Executive/Chief Operating Officer/Chief of:

---

(Agency Name)

I will assure that all CFR's, EMT's and Advanced EMS providers affiliated with my agency, will complete approved annual training, education or drill related to the NYS 2019 BLS Protocols.

---

EMS Agency Director Signature

Date

---

EMS Agency Director - Printed name

---

EMS Agency Director Email

Return completed form to SREMS Program Agency Executive Director.