



**SREMS  
REMAC**

**Susquehanna Regional EMS Council, Inc.**

311 Exchange Avenue • 2nd Floor Unit 2

Endicott, NY 13760

Ph 607.699.1367 • Fax 607.397.2728

## APPLICATION FOR MEMBERSHIP

Submission Date: \_\_\_\_\_

### Personal Information

Name			
Residential Address	City	State	Zip
Phone Home	Work	Mobile	
E-mail address			

### REMAC Seat Desired:

<input type="checkbox"/> Agency Medical Director	<input type="checkbox"/> At Large	<input type="checkbox"/> Non-Voting
<input type="checkbox"/> Tioga County	<input type="checkbox"/> Broome County	<input type="checkbox"/> Chenango County
<input type="checkbox"/> EMS Course Medical Director	<input type="checkbox"/> Hospital Representative: _____ (specify hospital, must be accompanied by nomination from hospital's CEO or designee)	

### EMS/ Hospital Affiliations

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

### Relevant License or Certification (Please include Number and Expiration Date)

1. _____
2. _____
3. _____

Serving Broome, Chenango, and Tioga Counties.

[www.srems.com](http://www.srems.com)

## Offices/Positions Held/Holding

1.	_____
2.	_____
3.	_____

## Personal References

Give the names of three persons not related to you whom you have known at least one year				
Name	Address	Business	Email	Years Known
1.	_____			
2.	_____			
3.	_____			

### Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning any pertinent information they may have, personal or otherwise and release the SREMS from all liability for any damage that may result from utilization of such information.

DATE \_\_\_\_\_ Signature \_\_\_\_\_

Please attach:

- Photocopy of license to practice medicine in the State of New York
- A copy of the physician's curriculum vitae.
- A letter of recommendation that documents the physician's commitment to EMS.

Additionally if applicable:

- Nomination letter from hospital's CEO or designee.
- Copy of current American Heart Association (AHA) Advanced Cardiac Life Support (ACLS) provider care or acceptable equivalent is desirable
- Copy of American College of Surgeons (ACS) Advanced Trauma Life Support provider card or acceptable equivalent is desirable
- Copy of current AHA Pediatric Advanced Life Support (PALS) provider card or acceptable equivalent is desirable
- A copy of the physician's curriculum vitae.
- A letter of recommendation that documents the physician's commitment to EMS.