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:

☐ Agency Medical Director ☐ At Large ☐ Non-Voting

☐ Tioga County ☐ Broome County ☐ Chenango County

☐ EMS Course Medical Director ☐ Hospital Representative: _____
(specify hospital, must be accompanied by nomination from hospital's CEO or designee)

☐ Non-Physician Voting

EMS/ Hospital Affiliations

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

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

1. _____
2. _____
3. _____

Revised 10/31/23

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 your curriculum vitae

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