



**SREMS
REMAC**

Susquehanna Regional EMS Council, Inc.

Guthrie Lourdes Tower ▪ 169 Riverside Drive

Binghamton, NY 13905

Phone 607.216.9299 ▪ Fax 607.216.9990

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

EMS/ Hospital Affiliations

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

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

1. _____
2. _____
3. _____

Revised 01-22-26

Serving Broome, Chenango, and Tioga Counties

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 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