



North Country EMS Program Agency

“Serving Jefferson, Lewis & St. Lawrence Counties”

Ann M. Smith, EMT-CC, Director
Todd Blanchard, EMT-P, Assistant Director
Tammy M. Liscum, Secretary

North Country EMS CME Evaluator Application

Qualifications:

- Provider in good standing for at least 1 year at current ILS or above credentialed level
- Letter of recommendation from Agency and application signed by Agency Chief Officer
- Approved by the REMAC
- Demonstration of skills in the absence of nationally, regionally, or state recognized ALS instructor certifications

Note:

By checking this box and signing below I give the Program Agency permission to publish my name and phone contacts on the North Country EMS website and to providers who are in need of an evaluator.

By checking this box and signing below all personal information provided on this form will be maintained confidential and used for the sole purpose of the Program Agency to enable us to contact you with future updates.

NAME _____ DATE _____

AGENCY NAME _____ AGENCY CODE _____

ADDRESS _____

EMAIL _____

PHONE CONTACTS (H) _____ (W) _____

(C) _____

EMT LEVEL _____ NYS DOH NUMBER _____

LIST ANY EMS INSTRUCTION BACKGROUND SUCH AS NYS CLI, CIC, ACLS, etc.

AGENCY CHIEF OPERATIONS OFFICER _____

Signature

CME EVALUATOR APPLICANT _____

Signature

This form should be completed by any interested AEMT and returned to the Program Agency

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