

Original Notification Update Date: _____

Ambulance Service Information

| | |
|--------------------------------|-------------------------|
| Name of Organization | () Telephone Number |
| Name of Primary Contact Person | E-Mail Address |
| Address | () Fax Number |
| City State Zip | |

Type of Ownership (please check the appropriate box)

| | | |
|--|--|---|
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Hospital Owned/Operated | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Municipal /Government | |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | |

Level of Care (as approved by the local REMAC and recognized by DOH EMS)

| | |
|--|--|
| <input type="checkbox"/> EMT – Critical Care | <input type="checkbox"/> EMT – Paramedic |
|--|--|

Type of Ambulance Service

| | | |
|------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Air | <input type="checkbox"/> Ground | <input type="checkbox"/> Both |
|------------------------------|---------------------------------|-------------------------------|

Education Program Information

| | | |
|------------------------|-----------------------|---|
| Name of Course Sponsor | Name of Instructor(s) | Number of Trained EMS Providers EMT-Ps _____ EMT-COTs _____ |
|------------------------|-----------------------|---|

Service Medical Director

| | | |
|--|--------------------|-------------------------|
| Name of Ambulance Service Physician Medical Director | NYS License Number | () Telephone Number |
| Address | | |
| City State Zip | | () Fax Number |

Authorization Names and Signatures

| | | |
|---------------------------------|-----------|------|
| CEO or Designee (Please print) | Signature | Date |
| Medical Director (Please print) | Signature | Date |

FOR DEPARTMENT USE ONLY

| | | |
|--|-----------|------|
| Bureau of EMS (Please print) | Signature | Date |
| Blood and Tissue Resource Program (Please print) | Signature | Date |