

# Certified EMS Agency Information Update Form

Name of Agency \_\_\_\_\_ DOH Agency ID Number: \_\_\_\_\_  
Name

DBA or Assumed Name (if any) \_\_\_\_\_

Physical Location / Address \_\_\_\_\_  
City State Zip Code

Service Mailing Address \_\_\_\_\_  
City State Zip Code

County \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
Business Phone Fax

FEIN\*\*\* \_\_\_\_\_  
Federal Employer ID Number

Emergency Phone Numbers Direct 10 Digit Number: \_\_\_\_\_  Check if Called Through 911

Chief Operations Officer \_\_\_\_\_  
Name Title

\_\_\_\_\_ Day Phone Night Phone Home Phone Cell / Pager

\_\_\_\_\_ Email Address

Dispatching Agency \_\_\_\_\_  Check if Self Dispatched  
Name

Dispatch Communications Radio Frequency: \_\_\_\_\_ FCC Call Sign: \_\_\_\_\_

Number of Certified Providers CFR: \_\_\_\_\_ EMT: \_\_\_\_\_ AEMT\*\*: \_\_\_\_\_ Critical Care\*\*: \_\_\_\_\_ Paramedic\*\*: \_\_\_\_\_

Number of Response Vehicles Ambulance: \_\_\_\_\_ EASV: \_\_\_\_\_ ALS-FR: \_\_\_\_\_

Service Medical Director \_\_\_\_\_  
Name NYS License #

REMAC Authorized Level of Care (Check Highest Level \*)  EMT  AEMT  EMT-CC  EMT-P

Number of EMS Calls Annually Total Number of Calls Dispatched: \_\_\_\_\_ Number of Emergency Calls: \_\_\_\_\_

Person Completing This Form \_\_\_\_\_  
Name (Please Print Legibly) Title

\_\_\_\_\_ Signature Date

- \* NOTE: ALS levels of care require written REMAC approval. Contact your REMSCO for ALS credentialing criteria.
- \*\* NOTE: ALS Certified personnel may ONLY provide care at BLS level when responding with BLS authorized services.
- \*\*\* NOTE: Federal Employer ID # must be provided for any service intending to apply for EMS training reimbursement from NYSDOH or that receives provider reimbursement / funding from Medicare or Medicaid.

**REMINDER: Please submit an update for your agency if your location, mailing address, chief of operations or contact information / phone numbers change. – THANK YOU! –**

Certified Services: Please complete form with your information and send it to the address below. If you have questions about filling out this form, please contact the DOH Bureau of EMS, Operations Section for assistance at 518-402-0996

Return Completed Form to: Attn: Agency Update – OPS  
NYS DOH Bureau of EMS  
875 Central Avenue  
Albany, New York 12206-1388  
Fax: (518)402-0985

Do Not Write or Mark in Box Below			
Update Received:	Data Entry:	Entry By:	Notes: