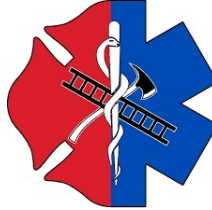




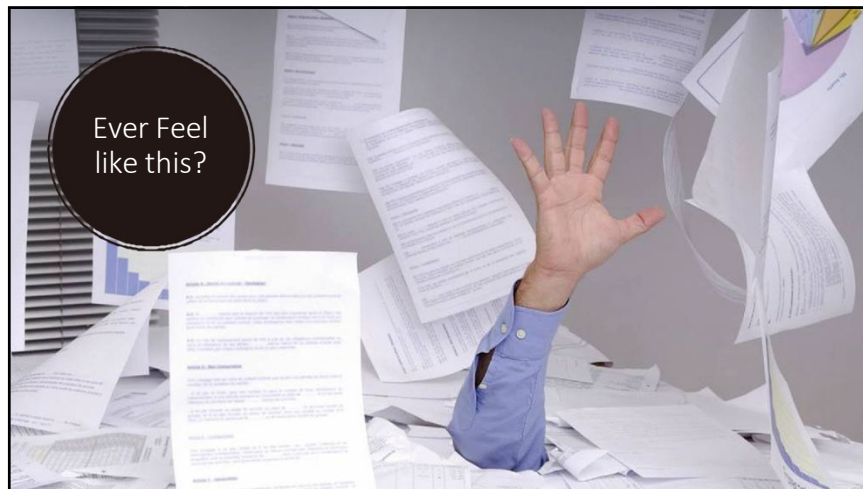
1

## Objectives



- Identify resources to assist with the business of EMS
- Understand agency best practices for communications
- Overview of commonly forgotten forms
- As a leader understand important items to be familiar with
- Learn common pitfalls with completion of forms

2



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[www.health.ny.gov/professionals/ems/](http://www.health.ny.gov/professionals/ems/)

Department of Health

Individuals/Families Providers/Professionals Health Facilities Search

**Bureau of EMS**

- Protocols and Advisories
- EMS Forms
- Certification
- Trauma Program
- Map - EMS Agency and Hospital Information by County
- Education and Training
- Policies, Laws and Regulations
- Complaints and Investigations
- Operations/Ambulance Services
- Supported Programs and Agencies
- Emergency Medical Services for Children (EMSC)
- Meetings & Events
- EMS Home

**Emergency Medical Technicians (EMTs) Save Lives!**

**Become part of the Emergency Medical Services (EMS) Team**

Emergency Medical Services (EMS) professionals get to help people in some of their most trying times. With the right training, you will be prepared to handle some of the most difficult challenges and situations while saving a life or bringing a new life into the world!

**Being a part of an EMS Team provides you with**

- Sense of pride
- Opportunity to help your community
- Sense of accomplishment
- Extensive emergency response training
- Opportunity to advance in the EMS and health care profession
- An EMS family of nearly 65,000 providers in New York State

**Who Serves?**

Emergency Medical Technicians (EMTs), Paramedics, Physicians and EMS Officers all work within an Emergency Medical Services System. An EMS Agency can be made up of combined departments with volunteers and career staff or a fully career department.

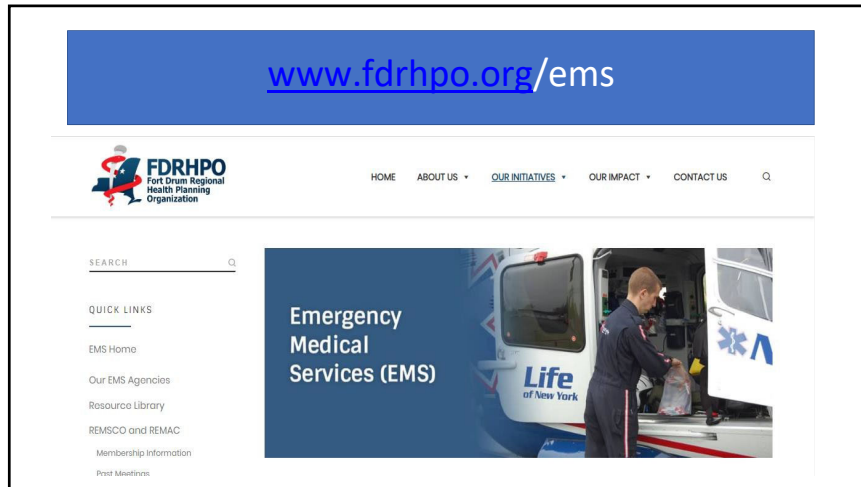
**Emergency Medical Technician (EMT)**

**It's Why I Serve - Elizabeth**

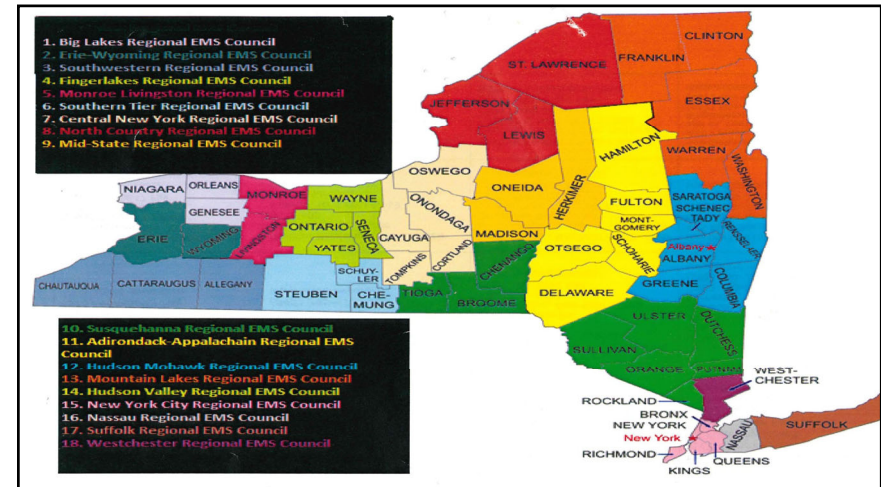
Watch

“...and every patient contact is unique.”

4



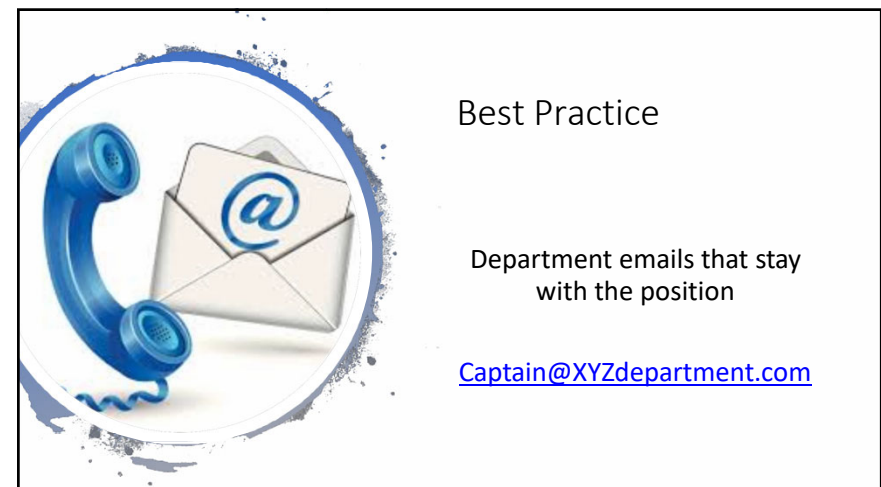
5



6



7



8

## Change in Leadership

DOH 2936

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services

**Certified EMS Agency  
Information Update Form**

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

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

Physical Location / Address \_\_\_\_\_

Service Mailing Address \_\_\_\_\_

County \_\_\_\_\_

Phone Numbers \_\_\_\_\_

FEIN\*\*\* \_\_\_\_\_

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

Chief Operations Officer \_\_\_\_\_



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## BLSFR Change in Leadership

DOH 5127

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services

**BLSFR Agency  
Information Application/Update Form**

BLSFR Agency Name \_\_\_\_\_ DOH Agency ID Number \_\_\_\_\_

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

Physical Location / Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

County \_\_\_\_\_

Response Area \_\_\_\_\_ ☐ Check if Fire/Ambulance District

Phone Numbers/E-mail \_\_\_\_\_

FEIN\*\*\* \_\_\_\_\_

Emergency Phone Numbers \_\_\_\_\_

Chief Operations Officer \_\_\_\_\_

Dispatching Agency \_\_\_\_\_

Dispatch Communications \_\_\_\_\_

10



### Dates to identify

- Certificate of Need
- EMT expiration dates
- Limited laboratory certificate for blood glucose
- Controlled substance license

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Office of the NEW YORK  
STATE COMPTROLLER

NYS Comptroller  
THOMAS P. DINAPOLI

Home > Our Office... > Newsroom > Resources For... > Find Info About... > Search

Vendor Responsibility The VendRep System

dun & bradstreet

EIN Number Sales Tax Exempt Number

12



**IRS**  
**Form 990**

Don't forget about Uncle Sam or the NYS  
Charities Bureau

CHAR500

13



Federal Award Grants require SAM Registration

14

## NYS Grants Gateway



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## DOH-4362

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services and Disaster Services

**Medical Director Verification**

Please identify the physician providing Quality Assurance oversight to your individual agency. If your agency provides certification, list the physician's name, address, and phone number. If you are not currently providing certification, please provide the name, address, and phone number of the physician who will be providing certification upon completion of the process.

If your agency is not currently providing certification, please provide the name, address, and phone number of the physician who will be providing certification upon completion of the process.

If your agency is not currently providing certification, please provide the name, address, and phone number of the physician who will be providing certification upon completion of the process.

**Medical Director Information**

Agency Name: \_\_\_\_\_ Agency Type: ☐ ALSPH ☐ NALSPH

Agency Code Number: \_\_\_\_\_ Agency EEO: \_\_\_\_\_

Medical Director: \_\_\_\_\_

Address/ALSPH Agency Code: \_\_\_\_\_

Address/NALSPH Agency Code: \_\_\_\_\_

**Medical Director Signature**

Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**ERROR**

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NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services and Trauma Systems

### Medical Director Verification

Please identify the physician providing Quality Assurance oversight to your individual agency. If your agency provides Defibrillation, Epi-Pen, Blood Glucometry, Albuterol or Advance Life Support (ALS), you must have specific approval from your Regional EMS Council's Medical Advisory Committee (REMAC) and oversight by a NY state licensed physician. If you change your level of care to a higher ALS level, you must provide the NYS DOH Bureau of EMS a copy of your REMAC's written approval notice.

If your service wishes to change to a lower level of care, provide written notice of the change and the level of care to be provided, and the effective date of implementation, to your REMAC with a copy to the NYS DOH Bureau of EMS.

If your agency has more than one Medical Director, please use copies of this verification and indicate which of your operations or REMAC approvals apply to the oversight provided by each physician. Please send this form to your DOH EMS Central Office for filing with your service records.

<input type="checkbox"/> Defibrillation / PAD	<input type="checkbox"/> Epi Autoinject	<input type="checkbox"/> Albuterol	<input type="checkbox"/> Blood Glucometry	<input type="checkbox"/> Naloxone
<input type="checkbox"/> CPAP	<input type="checkbox"/> Check and Inject	<input type="checkbox"/> 12 Lead	<input type="checkbox"/> Ambulance Transfusion Service (ATS)	
<input type="checkbox"/> EMT Level of Care	<input type="checkbox"/> AEMT Level of Care	<input type="checkbox"/> Critical Care Level of Care	<input type="checkbox"/> Paramedic Level of Care	<input type="checkbox"/> Controlled Substances (BNE License on File)

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### Regulatory Information

- Public Health Law Article 30
- State Emergency Medical Services Code Part 800
- NYS Rules and Regulations Part 80 Controlled Substances

[www.health.ny.gov/professionals/ems/policies\\_laws\\_regs.htm](http://www.health.ny.gov/professionals/ems/policies_laws_regs.htm)

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