

Current Employment

Location: _____
Position: _____
Dates: _____
Reference: _____
Phone: _____

EMS Agency Affiliation

Agency	RSI?	Position	Dates of Affiliation

Please list all agencies you are currently affiliated with and whether or not you are providing RSI services there.

Procedure Performance

Complete the following section for all procedures performed in the last year. (To your best recollection)

Number of intubations attempted: _____

Number successful: _____

Number of intubations precepted: _____

Number of calls for RSI service: _____

Number of calls where RSI was not required: _____

Number of RSI intubation attempts: _____

Number successful: _____

Application Agreement

By signing this application, I agree to the following:

1. The information contained in the application is truthful and accurate.
2. I attest that my NYS Paramedic and ACLS certifications are current.
3. I am in good standing with the agencies I provide RSI services for.
4. I waive the right to review confidential information obtained during the review performed by the QA Committee in processing this re-application.
5. I understand that any incomplete or late applications will not be accepted by the Committee.

Name: _____

Signature: _____

Date: _____

OPC/REMAC Use Only

	Date	Signature		√
Re-Application Received			Application	
RSI MD Review			RSI Con Ed Hrs	
REMAC QA Review				
<input type="checkbox"/> Re-approval				
<input type="checkbox"/> Re-approval with contingency _____				
<input type="checkbox"/> Suspend				