

NYS Pilot EMS Recertification Program

Administrative Program Participant Form

I _____ have read the NYS Pilot EMS Recertification
(Print Name)
Program Administrative Manual in its entirety. I understand that if I have any questions about the content of the manual or the program in general, I can contact my program coordinator or the NYS Bureau of EMS. I agree to abide by all regulations and policies set-forth by the NYS Bureau of EMS as they relate to this program.

(Signature)

Date: _____

(Print Name)
Program Coordinator

Please keep this completed form in the Participant's file!