



**MIDSTATE EMERGENCY MEDICAL  
SERVICES**

**ALS Provider Registration CME  
Packet**



**MIDSTATE  
REGIONAL EMS  
PROGRAM  
ON-LINE  
REGISTRATION**

To become an active ALS Provider in the Midstate EMS Region (Oneida, Herkimer and Madison Counties) simply follow these steps:

1. Provide current copies of your state certification and CPR certification (CPR certification must be AHA Healthcare provider or equivalent) to the EMS Program Agency. The REMAC must have current copies on file for you to practice at the Advanced level.
2. Read and sign the *Midstate Advanced Life Support Provider Agreement* – available on line.
3. Log onto the MIDSTATE website [midstateems.org](http://midstateems.org) and create your own account. You will need to create a user name and password; it is upper and lower case sensitive. List your primary and any secondary agencies.
4. Once you have created your on-line account we will validate your account.
5. After your account has been validated, you will be able to take your current level protocol exam on-line. Protocol exams are listed under TESTS. Once successfully passed your Agency CME Manager will be notified and will make you “active” in the system.
6. Call the EMS Office to set up a time to get credentials/ID tags.
7. Midstate CME requirements must be submitted twice each year to your agency CME Manger.

Question comments or concern:

**Faxton St. Luke’s EMS Program Agency  
14 Foery Drive  
Utica NY 1351  
Phone 315 738-8351      Fax 315 738-8981**



# MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

**PROUDLY SERVING ONEDIA HERKIMER AND MADISON COUNTIES**

## **ADVANCED PROVIDER AGREEMENT**

The practice of Pre-Hospital Advanced Life Support is a privilege granted to me by the Midstate Regional Emergency medical Advisory Committee (REMAC) and the Regional Medical Director. This practice is based on Midstate Regional Policies, Procedures, Protocols and the Faxton St. Luke's EMS Program Agency Medical Control System.

I agree to the continuing Medical Education (CME), skills maintenance, and requirements set forth by the Midstate REMAC. I agree to maintain GOOD standing while practicing advanced care within the Midstate EMS System and that practicing Advanced Life Support Treatments and skills without REMAC authorization (suspended) constitutes practicing medicine without a license.

By signing below I, \_\_\_\_\_  
Print Name

- Acknowledge I have access to a copy of the current Midstate Regional EMS Program Protocols.
- I belong to a Midstate REMAC approved Advance Life Support Agency.
- I agree to abide by the Policies, procedures and protocols of the Midstate REMAC, REMSCO and Faxton St. Luke's' EMS Program Agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
email address

14 Foery Drive  
Utica NY 13501

PHONE 315 738-8351  
FAX 315 738-8981  
EMAIL [remSCO@midstateems.org](mailto:remSCO@midstateems.org)  
WEB SITE [midstateems.org](http://midstateems.org)

# MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

**PROUDLY SERVING ONEDIA HERKIMER AND MADISON COUNTIES**

## **AEMT**

- 10 hours of Classroom CME per year (50% ALS 50% BLS)
- 3 Field or 1 classroom IV
- 1 Field or 1 classroom Adult Intubation
- 1 Field or 1 classroom Adult Intraosseous
- 1 classroom EJV
- 1 classroom double lumen
- 1 field or 1 classroom medication administration (IV/IO/IN)

## **AEMT- Critical Care Technicians**

- 20 hours of classroom CME per year (50% ALS 50%BLS)
- 3 Field or 1 classroom IV
- 1 Field or 1 classroom Adult Intubation
- 1 Field or 1 classroom Adult Intraosseous
- 1 Field or 1 classroom EJV
- 1 Field or 1 classroom double lumen
- 1 Field or 1 External Cardiac Pacing
- 1 Field or 1 classroom defibrillation
- 1 Field or 1 classroom Quick Trach
- 1 Field or 1 classroom child intubation

## **AEMT- Paramedic**

- 24 hours of classroom CME per year (50% ALS 50%BLS)
- 3 Field or 1 classroom IV
- 1 Field or 1 classroom Adult Intubation
- 1 Field or 1 classroom Adult Intraosseous
- 1 Field or 1 classroom EJV
- 1 Field or 1 classroom double lumen
- 1 Field or 1 External Cardiac Pacing
- 1 Field or 1 classroom defibrillation
- 1 Field or 1 classroom Quick Trach
- 1 Field or 1 classroom child intubation
- 1 Field or 1 classroom infant intubation

**THIS FORM MAINTAINED AT  
AGENCY**

14 Foery Drive  
Utica NY 13501

PHONE 315 738-8351  
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## **CME REQUIREMENTS**

**ALL ALS Providers in the Midstate EMS Region, must complete a series of skill Requirements, twice each year. The first Reporting period (First Semester) begins Jan 1<sup>st</sup> of each year, and ends June 30<sup>th</sup> of each year. The Second Semester begins on July 1<sup>st</sup> and ends on December 31<sup>st</sup>.**

**All ALS Providers, in the Midstate EMS Region, must also complete didactic, or classroom time twice each year. The first semester 50% of your required didactic hours are due. The end of the 2<sup>nd</sup> semester the remaining 50% are due. The time can be submitted any time during the first or second semester. The required didactic hours are listed on the opposite page.**

**If you are a new provider or changing levels within the region you will need to contact the Program Agency office prior to practicing at the level you are certified. If you have taken a refresher course or completed the CME recertification program, you will need to submit a copy of your current NYS certification to this office. It is provider's responsibility to send a current copy of their EMT and CPR certifications to the Program Agency.**

**When the Program Agency has a copy of your NYS certification, current CPR and Midstate Provider Agreement, you will be issued a secured photo ID which grants you the privilege to practice at level outlined on the front of the Phot-Id. If necessary documentation is not on file your privilege to practice will be suspended or revoked.**

**Midstate Regional Emergency Medical Services  
Council**

**Faxton St. Luke's EMS Program Agency  
14 Foery Drive  
Utica NY 13501**

**Office 315 738-8351 fax 315 738 8981**

**[remSCO@midstateems.org](mailto:remSCO@midstateems.org)**



# MIDSTATE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

PROUDLY SERVING ONEDIA HERKIMER AND MADISON COUNTIES

## CONTINUING EDUCATION / SKILLS MANAGEMENT DOCUMENTATION

Name \_\_\_\_\_ EMT # \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone \_\_\_\_\_

Primary Agency \_\_\_\_\_

( ) 1<sup>st</sup> Semester skills and didactic due June 30 ( ) 2<sup>nd</sup> Semester skills and didactic due Dec 31

### SKILLS MAINTENANCE

Successful IV cannulation \_\_\_\_\_ or PCR # \_\_\_\_\_

Evaluator Initials

Successful Adult Intubation \_\_\_\_\_ or PCR # \_\_\_\_\_

Evaluator Initials

Successful Defibrillation \_\_\_\_\_ Successful Pacing \_\_\_\_\_

Evaluator Initials

Evaluator Initials

Successful Child Intubation \_\_\_\_\_ Successful Infant Intubation \_\_\_\_\_

Evaluator Initials

Evaluator Initials

Successful Chest Decompression \_\_\_\_\_ Successful Intraosseous \_\_\_\_\_

Evaluator Initials

Evaluator Initials

Successful Double Lumen \_\_\_\_\_ Successful Needle Cric \_\_\_\_\_

Evaluator Initials

Evaluator Initials

**I have performed the above required skills and have had my questions answered;**

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Evaluator Signature

14 Foery Drive  
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Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

Primary Agency \_\_\_\_\_  
\_\_\_\_\_

1<sup>st</sup> Semester skills and didactic due June 30     2<sup>nd</sup> Semester skills and didactic due Dec 31

Continuing Medical education – Didactic

Date \_\_\_\_\_ Topic \_\_\_\_\_

ALS Hours \_\_\_\_\_                       BLS Hours \_\_\_\_\_

Instructor Signature \_\_\_\_\_

Date \_\_\_\_\_ Topic \_\_\_\_\_

ALS Hours \_\_\_\_\_                       BLS Hours \_\_\_\_\_

Instructor Signature \_\_\_\_\_

Date \_\_\_\_\_ Topic \_\_\_\_\_

ALS Hours \_\_\_\_\_                       BLS Hours \_\_\_\_\_

Instructor Signature \_\_\_\_\_

Present to Agency CME Coordinator