Hudson Valley Regional Emergency Medical Services Council, Inc.
33 Airport Center Drive, Suite 204
New Windsor, NY 12553
(845) 245-4294
hvremsco@hvremsco.org

Application for Participation in the i-gel Supraglottic Airway Pilot Program

Agency Name: ____ Agency Code: _______________________

Agency Address: ____

Agency Phone #: _____________________________________ Go-Live Date: _______________________

Agency Contact Name: _____________________________________ Phone Number: _____________________

Agency Contact Email: ____

e-PCR Vendor: ____

Agency Medical Director: _____________________________________ Phone Number: _____________________

Medical Director Email: ____

Medical Director Affiliated Hospital: ____

Agency Region: ____ Date of Application: __________________

Region Contact Name: _____________________________________ Phone Number: _____________________

Region Contact Email: ____

____ ______________________________
Signature of Agency Official Date

____ ______________________________
Signature of Medical Director Date

____ ______________________________
Signature of Regional Representative Date

Upon submission of this application, agencies participating in the HVREMSCO i-gel Supraglottic Airway Pilot Program agree to all administrative, training, testing, quality assurance, reporting, and record-keeping requirements of the program as listed in the Pilot Project Proposal.