



## Department of Health

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Governor

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Commissioner

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Executive Deputy Commissioner

TO: EMS Agency Operations Officer or Chief Executive Officer  
FROM: Bureau of Emergency Medical Services  
SUBJECT: NYS-EMS Agency Recertification

Enclosed is your agency's renewal Application DOH-206 for the EMS Operating Certificate. Please note that this form is "pre-populated" with the information the Bureau has currently on file for your EMS Agency. Please review the information carefully and correct or update it as necessary.

- Complete all areas of the enclosed renewal form DOH-206 that are not already filled in Online <http://www.health.ny.gov/forms/doh-206.pdf>  
*Make sure all corporate officers and this includes volunteer officers their HOME address and Phone numbers are included*

**All Forms listed below MUST be included with recertification paperwork**

<http://www.health.ny.gov/forms/doh-5131.pdf>

<http://www.health.ny.gov/forms/doh-2828.pdf>

<http://www.health.ny.gov/forms/doh-1881.pdf>

<http://www.health.ny.gov/forms/doh-4362.pdf>

- **Make sure that the Application and Affirmation are SIGNED and NOTARIZED**  
*Please note that the DOH-206 must be signed by the services owner, chief executive officer or chief operating officer or his/her authorized designee. The application may be rejected if not signed by the correct person.*

- Provide the Bureau with an electronic copy.
- **Keep a copy for your records**
- **Completed application must be submitted at least 30 days prior to your Agencies expiration date. If your service charges for services it may not legally bill or seek reimbursements with an expired operating certificate!**
- **If you are a Critical Care or Paramedic Agency you also need to include your Narcotics Application or Renewal see policy statement 13-07**

### **YOU MUST PRINT NARCOTICS RENEWAL FORMS FROM**

<http://www.health.ny.gov/professionals/ems/emsforms.htm>

Please review Article 30/30A of the Public Health Law Rules and Regulations to insure compliance with all requirements. <http://www.health.ny.gov/professionals/ems/art30.htm>

Please Review new Policy statements to insure compliance.

<http://www.health.ny.gov/professionals/ems/policy/policy.htm>

The packet and all required documents must be **E-MAILED** to your  
**Regional BEMS office Representative**

<http://www.health.ny.gov/professionals/ems/emsrep.htm>