



ADIRONDACK-APPALACHIAN REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

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Speculator, New York 12164

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APPLICATION FOR A REGIONAL TEK NUMBER

NAME [please print] _____

ADDRESS _____

TELEPHONE _____ EMT # and Expiration _____

I wish to apply for authorization to practice in the AAREMS Region as an [check one]:

- AEMT- Intermediate
- AEMT – Critical Care
- EMT-Paramedic

I am an active member of the _____ agency.

Signature _____

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION:

A photocopy of your State Certification Card;

A letter from your agency attesting to active duty status;

If you have previously provided ALS services in another EMS Region in New York State, also include a letter of reference from that regional office;

PLEASE NOTE: YOU ARE NOT ONLINE WITH THE INITIAL ASSIGNMENT OF YOUR TEK NUMBER. YOUR TEK STATUS IS BASED ON YOUR SUCCESSFUL COMPLETION OF THE PROTOCOL CREDENTIALING EXAMINATION, WHICH IS OFFERED ONLINE. WHEN YOU ARE NOTIFIED OF YOUR PROVISIONAL TEK NUMBER, YOU WILL BE GIVEN A COPY OF THE REGIONAL PROTOCOLS AND THE INFORMATION YOU NEED TO ACCESS THE EXAM SITE. WHEN YOU PASS THE PROTOCOL EXAM, YOU WILL RECEIVE ONLINE STATUS AUTOMATICALLY. UNTIL THEN, YOU MAY NOT PRACTICE AS A TEK IN THIS REGION.

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