

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.



475 Riverside Drive
Suite 1929
New York, NY 10115
TEL: (212) 870-2301
FAX: (212) 870-2302
Email: dtan@nycremsco.org

REMAC Duplicate /Replacement Request Form

BOARD OF DIRECTORS

Officers:

Chair:
Marvin Raidman, MBA, EMT
DY Realty Services, LLC

Vice-Chair:
Chair, Finance/Personnel Committee
Louis Deutsch
NYS Volunteer Ambulance &
Rescue Association, District 18

Treasurer:
Jeffrey Horwitz, D.O.
North Shore University Hospital

Secretary:
Dorothy Marks
Honorary Deputy Commissioner
Fire Department, City of New York

Chair Emeritus:
Walter F. Pizzi, M.D., F.A.C.S.

Members:

Rafael Castellanos, Esq., EMT
Expert Title Insurance Agency, LLC

Arthur Cooper, M.D., M.S., F.A.C.S.,
F.A.A.P., F.C.C.M., F.A.H.A.
American College of Surgeons
Committee on Trauma

Lorraine M. Giordano, M.D., F.A.C.E.P.
Medical Society of the
State of New York
Board of Directors, Queens County
Medical Society

Michael P. Jones, M.D.
Central Park Medical Unit

Lewis W. Marshall, Jr, M.D., J.D.
Chair, Regional Emergency
Medical Advisory Committee of NYC

Steve Zakheim, EMTP
Chair, Development Committee
Metropolitan Home Health

Nancy A. Benedetto, MS, AC
Executive Director Administration

Marie Diglio, EMTP
Executive Director Operations

TAX EXEMPT
NOT-FOR-PROFIT CORPORATION

Name: _____
(First Name) (Middle Initial) (Last Name)

Mailing Address: _____

Day Time Telephone: (____) _____ - _____ CELL: (____) _____ - _____

License / Certification (select card type being requested)

Paramedic EMT-CC On-Line Medical Control Physician

OLMC # or NYS DOH EMT #: _____

A \$10.00 Fee for each duplicate or replacement card must accompany this request.
(Cash accepted for pick-up – by appointment only.)
Mail-in requests require Money Orders. NO PERSONAL CHECKS ACCEPTED

Mail Request form and payment to: Regional EMS Council of NYC, Inc.
475 Riverside Drive, Suite 1929
New York, NY 10115
Phone: 212-870-2301

OFFICE USE ONLY:

Date Received: _____ Card No: _____

Payment Method: CASH Money Order

Date Duplicate Card Issued: _____ Pick-Up

REMSCO Representative: _____

Entered in database: Yes No