Appendix G

Application Endorsement Correspondence

USPS Mailing Receipts

7018 2290 0000 6110 3293

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

Brooklyn, NY 11230

OFFICIAL USE

Certified Mail Fee	$3.55
$	$2.85
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ $0.00
☐ Return Receipt (electronic)	$ $0.00
☐ Certified Mail Restricted Delivery	$ $0.00
☐ Adult Signature Required	$ $0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
$	
Total Postage and Fees	$6.95
$	

0022
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Postmark Here
NOV - 5 2020
11/05/2020

Sent To: ALS Services
Street and Apt. No., or PO Box No.: 1070 McDonald Ave
City, State, ZIP+4®: Brooklyn, NY 11230

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3286

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

New York, NY 10001

OFFICIAL USE

Certified Mail Fee	$3.55
$	$2.85
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ $0.00
☐ Return Receipt (electronic)	$ $0.00
☐ Certified Mail Restricted Delivery	$ $0.00
☐ Adult Signature Required	$ $0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
$	
Total Postage and Fees	$6.95
$	

0022
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Postmark Here
NOV - 5 2020
11/05/2020

Sent To: Ambulnz NY
Street and Apt. No., or PO Box No.: 35 West 35th Street f
City, State, ZIP+4®: New York, NY 10001

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3309

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

Brooklyn, NY 11236

OFFICIAL USE

Certified Mail Fee	$3.55
$	$2.85
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ $0.00
☐ Return Receipt (electronic)	$ $0.00
☐ Certified Mail Restricted Delivery	$ $0.00
☐ Adult Signature Required	$ $0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
$	
Total Postage and Fees	$6.95
$	

0022
11

Postmark Here
11/05/2020

Sent To: Assist Ambulance
Street and Apt. No., or PO Box No.: 940 Ramsen Avenue
City, State, ZIP+4®: Brooklyn NY ~~1223~~ 11236

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6304 4839

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at *www.usps.com®*.

Brooklyn, NY 11221

OFFICIAL USE

Certified Mail Fee	$3.55
$	$2.85
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ $0.00
☐ Return Receipt (electronic)	$ $0.00
☐ Certified Mail Restricted Delivery	$ $0.00
☐ Adult Signature Required	$ $0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
$	
Total Postage and Fees	$6.95
$	

0022
11

Postmark Here
NOV - 5 2020
11/05/2020

Sent To: Bedford Stuyvesant Volunteer Ambulance Corps
Street and Apt. No., or PO Box No.: 727 Greene Avenue
City, State, ZIP+4®: Brooklyn NY 11221

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6304 4822

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at *www.usps.com®*.

Far Rockaway, NY 11693

OFFICIAL USE

Certified Mail Fee	$3.55
$	$2.85
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ $0.00
☐ Return Receipt (electronic)	$ $0.00
☐ Certified Mail Restricted Delivery	$ $0.00
☐ Adult Signature Required	$ $0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
$	
Total Postage and Fees	$6.95
$	

0022
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11/05/2020

Sent To: Broad Channel Fire Department
Street and Apt. No., or PO Box No.: 15 Noel Road
City, State, ZIP+4®: Far Rockaway, NY 11693

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3323

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at *www.usps.com®*.

Brooklyn, NY 11230

OFFICIAL USE

Certified Mail Fee	$3.55
$	$2.85
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$ $0.00
☐ Return Receipt (electronic)	$ $0.00
☐ Certified Mail Restricted Delivery	$ $0.00
☐ Adult Signature Required	$ $0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
$	
Total Postage and Fees	$6.95
$	

0022
11

Postmark Here
NOV 5 2020
11/05/2020

Sent To: Chevra Hatzolah Vol. Ambulance
Street and Apt. No., or PO Box No.: 1070 McDonald Avenue
City, State, ZIP+4®: Brooklyn, NY 11230

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3316

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at *www.usps.com®*.

Bronx, NY 10461

OFFICIAL USE

Certified Mail Fee	$3.55
$	$2.85
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
$	
Total Postage and Fees	$6.95
$	

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NOV - 5 2020
11/05/2020

Sent To: CITYWIDE Mobile Response
Street and Apt. No., or PO Box No.: 1624 Stillwell Ave
City, State, ZIP+4®: Bronx NY 10461

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3354

U.S. Postal Service™
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For delivery information, visit our website at *www.usps.com®*.

Flushing, NY 11355

OFFICIAL USE

Certified Mail Fee	$3.55
$	$2.85
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
$	
Total Postage and Fees	$6.95
$	

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11/05/2020

Sent To: FLUSHING HOSPITAL EMS
Street and Apt. No., or PO Box No.: 45 AVENUE AT PARSONS BLVD
City, State, ZIP+4®: FLUSHING, NY 11355

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6304 4792

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at *www.usps.com®*.

Forest Hills, NY 11375

OFFICIAL USE

Certified Mail Fee	$3.55
$	$2.85
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
$	
Total Postage and Fees	$6.95
$	

0022
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NOV - 5 2020
11/05/2020

Sent To: Forest Hill Volunteer Ambulance Corps
Street and Apt. No., or PO Box No.: P.O. Box 750617
City, State, ZIP+4®: Forest Hills NY 11375

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3361

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at *www.usps.com®*.

Bronx, NY 10459

OFFICIAL USE

Certified Mail Fee	$3.55
$	$2.85
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
$	
Total Postage and Fees	$6.95
$	

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NOV - 5 2020
11/05/2020

Sent To: HUNTER Ambulance
Street and Apt. No., or PO Box No.: 1028 FREEMAN STREET
City, State, ZIP+4®: BRONX, NY 10459

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3347

U.S. Postal Service™
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For delivery information, visit our website at *www.usps.com®*.

Brooklyn, NY 11218

OFFICIAL USE

Certified Mail Fee	$3.55
$	$2.85
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
$	
Total Postage and Fees	$6.95
$	

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11/05/2020

Sent To: INSTACARE, LLC
Street and Apt. No., or PO Box No.: 1416 38th STREET
City, State, ZIP+4®: Brooklyn NY 11218

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6304 4785

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at *www.usps.com®*.

Oakland Gardens, NY 11364

OFFICIAL USE

Certified Mail Fee	$3.55
$	$2.85
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
$	
Total Postage and Fees	$6.95
$	

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NOV - 5 2020
11/05/2020

Sent To: Jamaica Estates, Hollis South Assisted Living VAC
Street and Apt. No., or PO Box No.: PO Box 640181
City, State, ZIP+4®: Bayside, NY 11364-0181

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3330

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For delivery information, visit our website at *www.usps.com®*.

Richmond Hill, NY 11418

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$2.85 $0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
Total Postage and Fees	$6.95

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MIDDLE VILLAGE
NOV 5 2020

11/05/2020

Sent To: JAMAICA Hospital Medical Center EMS
Street and Apt. No., or PO Box No.: 8900 VAN WYCK EXPRESSWAY
City, State, ZIP+4®: JAMAICA NY 11418

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3507

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at *www.usps.com®*.

Brooklyn, NY 11223

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$2.85 $0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
Total Postage and Fees	$6.95

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NOV 5 2020

11/05/2020

Sent To: LIFELINE Ambulance Service
Street and Apt. No., or PO Box No.: 2593 W 13th STREET
City, State, ZIP+4®: Brooklyn, NY 11223

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6304 4808

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at *www.usps.com®*.

Ozone Park, NY 11417

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$2.85 $0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
Total Postage and Fees	$6.95

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NOV - 5 2020

11/05/2020

Sent To: LINDENWOOD VAC - ATTN: Chief Chris Oelvca
Street and Apt. No., or PO Box No.: P.O. Box 170191
City, State, ZIP+4®: OZONE Park, NY 11417

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3484

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For delivery information, visit our website at *www.usps.com®*.

Brooklyn, NY 11219

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$2.85 $0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
Total Postage and Fees	$6.95

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NOV - 5 2020

11/05/2020

Sent To: MAIMONIDES MEDICAL CENTER - EMS
Street and Apt. No., or PO Box No.: 4802 TENTH AVENUE
City, State, ZIP+4®: Brooklyn, NY 11219

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3491

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For delivery information, visit our website at *www.usps.com®*.

Richmond Hill, NY 11418

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$2.85 $0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$0.00
Postage	$0.55
Total Postage and Fees	$6.95

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NOV - 5 2020

11/05/2020

Sent To: MEDISYS Ambulance Services
Street and Apt. No., or PO Box No.: 8900 VAN WYCK EXPRESSWAY
City, State, ZIP+4®: JAMAICA, NY 11418

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3460

U.S. Postal Service™
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For delivery information, visit our website at *www.usps.com®*.

Brooklyn, NY 11222

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$2.85 $0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
Total Postage and Fees	$6.95

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MIDDLE VILLAGE
NOV 5 2020

11/05/2020

Sent To: MIOWOOD Ambulance
Street and Apt. No., or PO Box No.: 2593 W 13th STREET
City, State, ZIP+4®: Brooklyn NY 11222

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3477

U.S. Postal Service™
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For delivery information, visit our website at *www.usps.com®*.
New York, NY 10019 OFFICIAL USE

Certified Mail Fee $3.55	0022 11
$ $2.85	
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) $ $0.00	
☐ Return Receipt (electronic) $ $0.00	
☐ Certified Mail Restricted Delivery $ $0.00	Postmark Here NOV - 5 2020
☐ Adult Signature Required $ $0.00	
☐ Adult Signature Restricted Delivery $	
Postage $0.55	11/05/2020
$	
Total Postage and Fees $6.95	
$	

Sent To MOUNT SINAI Hospital EMS
Street and Apt. No., or PO Box No. 1000 TENTH AVENUE, Rm GE-01
City, State, ZIP+4® NEW YORK, NY 10019

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3446

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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New York, NY 10065 OFFICIAL USE

Certified Mail Fee $3.55	0022 11
$ $2.85	
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) $ $0.00	
☐ Return Receipt (electronic) $ $0.00	
☐ Certified Mail Restricted Delivery $ $0.00	Postmark Here NOV - 5 2020
☐ Adult Signature Required $ $0.00	
☐ Adult Signature Restricted Delivery $	
Postage $0.55	11/05/2020
$	
Total Postage and Fees $6.95	
$	

Sent To NY PRESBYTERIAN EMS
Street and Apt. No., or PO Box No. 525 EAST 68TH ST. RM M101
City, State, ZIP+4® NEW YORK, NY 10065

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3453

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.
New York, NY 10065 OFFICIAL USE

Certified Mail Fee $3.55	0022 11
$ $2.85	
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) $ $0.00	
☐ Return Receipt (electronic) $ $0.00	
☐ Certified Mail Restricted Delivery $ $0.00	Postmark Here NOV - 5 2020
☐ Adult Signature Required $ $0.00	
☐ Adult Signature Restricted Delivery $	
Postage $0.55	11/05/2020
$	
Total Postage and Fees $6.95	
$	

Sent To NY PRESBYTERIAN - QUEENS EMS
Street and Apt. No., or PO Box No. 525 EAST 68TH ST, ROOM M101
City, State, ZIP+4® NEW YORK, NY 10065

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3392

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.
Brooklyn, NY 11220 OFFICIAL USE

Certified Mail Fee $3.55	0022 11
$ $2.85	
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) $ $0.00	
☐ Return Receipt (electronic) $ $0.00	
☐ Certified Mail Restricted Delivery $ $0.00	Postmark Here NOV - 5 2020
☐ Adult Signature Required $ $0.00	
☐ Adult Signature Restricted Delivery $	
Postage $0.55	11/05/2020
$	
Total Postage and Fees $6.95	
$	

Sent To NYU LANGONE Hospital - EMS
Street and Apt. No., or PO Box No. 150 55th Street
City, State, ZIP+4® Brooklyn, NY 11220

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3422

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.
Brooklyn, NY 11234 OFFICIAL USE

Certified Mail Fee $3.55	0022 11
$ $2.85	
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) $ $0.00	
☐ Return Receipt (electronic) $ $0.00	
☐ Certified Mail Restricted Delivery $ $0.00	Postmark Here NOV - 5 2020
☐ Adult Signature Required $ $0.00	
☐ Adult Signature Restricted Delivery $	
Postage $0.55	11/05/2020
$	
Total Postage and Fees $6.95	
$	

Sent To NYPD - ESU EDWARD HALL
Street and Apt. No., or PO Box No. 5 FLOYD BENNET FIELD
City, State, ZIP+4® BROOKLYN NY 11234

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3415

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.
Syosset, NY 11791 OFFICIAL USE

Certified Mail Fee $3.55	0022 11
$ $2.85	
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) $ $0.00	
☐ Return Receipt (electronic) $ $0.00	
☐ Certified Mail Restricted Delivery $ $0.00	Postmark Here NOV - 5 2020
☐ Adult Signature Required $ $0.00	
☐ Adult Signature Restricted Delivery $	
Postage $0.55	11/05/2020
$	
Total Postage and Fees $6.95	
$	

Sent To NORTH SHORE UNIVERSITY Hospital EMS
Street and Apt. No., or PO Box No. 15 BURKE LANE
City, State, ZIP+4® SYOSSET, NY 11791

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3439

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.
College Point, NY 11356

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
Total Postage and Fees	$6.95

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NOV - 5 2020

11/05/2020

Sent To: NORTH SHORE AMBULANCE + OXYGEN
Street and Apt. No., or PO Box No.: 112-09 14th AVENUE
City, State, ZIP+4®: COLLEGE POINT, NY 11356

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3408

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.
Staten Island, NY 10303

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
Total Postage and Fees	$6.95

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NOV - 5 2020

11/05/2020

Sent To: PRIORITY ONE AMBULANCE
Street and Apt. No., or PO Box No.: 19 GRANITE AVENUE
City, State, ZIP+4®: STATEN ISLAND, NY 10303

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3378

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.
Staten Island, NY 10310

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
Total Postage and Fees	$6.95

0022 11

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11/05/2020

Sent To: RCA Ambulance Service
Street and Apt. No., or PO Box No.: 1355 CASTLETON AVE
City, State, ZIP+4®: STATEN ISLAND NY 10310

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6110 3385

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For delivery information, visit our website at *www.usps.com®*.
Bronx, NY 10473

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
Total Postage and Fees	$6.95

0022 11

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11/05/2020

Sent To: SENIORCARE EMS
Street and Apt. No., or PO Box No.: 700 HAUEMEYER AVENUE
City, State, ZIP+4®: BRONX, NY 10473

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6304 4815

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Howard Beach, NY 11414

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Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
Total Postage and Fees	$6.95

0022 11

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11/05/2020

Sent To: WEST HAMILTON BEACH FIRE DEPARTMENT
Street and Apt. No., or PO Box No.: 102-33 DAVENPORT CT
City, State, ZIP+4®: HOWARD BEACH, NY 11414

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6304 4846

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Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
Total Postage and Fees	$6.95

0022 11

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NOV - 5 2020

11/05/2020

Sent To: NYSVARA - DISTRICT #4
Street and Apt. No., or PO Box No.: 214 KENT AVENUE #278
City, State, ZIP+4®: ENDWELL, NY 13760

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6304 4853

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Endicott, NY 13760

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Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	$2.85
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.55
Total Postage and Fees	$6.95

0022 11

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11/05/2020

Sent To: NYSUARA - District #18
Street and Apt. No., or PO Box No.: 214 Kent Avenue #278
City, State, ZIP+4®: Endwell, NY 13760

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7020 1810 0000 3089 6863

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New York, NY 10001

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Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	$2.85
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

0022 11

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11/05/2020

Sent To: NYC Council Speaker Corey Johnson
Street and Apt. No., or PO Box No.: 224 West 30th Street, Suite 1206
City, State, ZIP+4®: New York, NY 10001

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0000 3089 6887

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Jackson Heights, NY 11372

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	$2.85
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

0022 11

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11/05/2020

Sent To: Congressmember Alexandria Ocasio-Cortez
Street and Apt. No., or PO Box No.: 74-09 37th Avenue, Suite 305
City, State, ZIP+4®: Jackson Heights, NY 11372

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7020 1810 0000 3089 6870

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Jamaica, NY 11424

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Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	$2.85
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

0022 11

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11/05/2020

Sent To: Acting Queens Borough President Sharon Lee
Street and Apt. No., or PO Box No.: 120-55 Queens Blvd
City, State, ZIP+4®: Kew Gardens, NY 11424

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0000 3089 6894

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Brooklyn, NY 11211

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	$2.85
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

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11/05/2020

Sent To: Congressmember Nydia Velazquez
Street and Apt. No., or PO Box No.: 226 Broadway, Suite 201
City, State, ZIP+4®: Brooklyn NY 11211

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0000 3089 6757

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Brooklyn, NY 11211

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	$2.85
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

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11/05/2020

Sent To: Council Member Antonio Reynoso
Street and Apt. No., or PO Box No.: 244 Union Avenue
City, State, ZIP+4®: Brooklyn NY 11211

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0000 3089 6740

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Ozone Park, NY 11416

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Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	$2.85
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

0022
11

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NOV - 5 2020
11/05/2020

Sent To: Councilmember Eric Ulrich
Street and Apt. No., or PO Box No.: 9306 101st Avenue
City, State, ZIP+4®: Ozone Park, NY 11416

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0000 3089 6764

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Jamaica, NY 11434

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Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	$2.85
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

0022
11

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NOV - 5 2020
11/05/2020

Sent To: Councilmember Adrienne E. Adams
Street and Apt. No., or PO Box No.: 165-90 Baisley Blvd
City, State, ZIP+4®: Jamaica, NY 11434

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0000 3089 6924

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Forest Hills, NY 11375

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Extra Services & Fees (check box, add fee as appropriate)	$2.85
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

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11

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NOV - 5 2020
11/05/2020

Sent To: Council Member Karen Koslowitz
Street and Apt. No., or PO Box No.: 118-35 Queens Blvd, 17th Floor
City, State, ZIP+4®: Forest Hills, NY 11375

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0000 3089 6771

U.S. Postal Service™
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Fresh Meadows, NY 11366

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	$2.85
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

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11

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NOV - 5 2020
11/05/2020

Sent To: Councilmember Rory I. Lancman
Street and Apt. No., or PO Box No.: 78-40 164th Street
City, State, ZIP+4®: Hillcrest, NY 11366

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0000 3089 6788

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For delivery information, visit our website at *www.usps.com®*.

Woodhaven, NY 11421

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	$2.85
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

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11

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NOV - 5 2020
11/05/2020

Sent To: Assemblymember Michael Miller
Street and Apt. No., or PO Box No.: 83-91 Woodhaven Blvd
City, State, ZIP+4®: Woodhaven, NY 11421

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0000 3089 6795

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For delivery information, visit our website at *www.usps.com®*.

Long Island City, NY 11101

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	$2.85
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

0022
11

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NOV - 5 2020
11/05/2020

Sent To: Assemblywomen Catherine Nolan
Street and Apt. No., or PO Box No.: 47-40 21st Street
City, State, ZIP+4®: Long Island City, NY 11101

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Forest Hills, NY 11375

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Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

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NOV - 5 2020

11/05/2020

Sent To: ASSEMBLYMEMBER ANDREW HEVESI

Street and Apt. No., or PO Box No.: 70-50 Austin Street, Suite 118

City, State, ZIP+4®: Forest Hills, NY 11375

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0000 3089 6801

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For delivery information, visit our website at *www.usps.com®*.

Maspeth, NY 11378

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

0022 11

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NOV - 5 2020

11/05/2020

Sent To: Assemblymember Brian Barnwell

Street and Apt. No., or PO Box No.: 55-19 69th Street

City, State, ZIP+4®: Maspeth, NY 11378

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0000 3089 6825

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Saint Albans, NY 11412

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

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NOV - 5 2020

11/05/2020

Sent To: NYS SENATOR LEROY COMRIE

Street and Apt. No., or PO Box No.: 113-43 FARMERS BLVD

City, State, ZIP+4®: QUEENS, NY 11412

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0000 3089 6832

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Middle Village, NY 11379

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

0022 11

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NOV - 5 2020

11/05/2020

Sent To: NYS SENATOR Joseph P. Addabbo

Street and Apt. No., or PO Box No.: 66-85 73rd Place

City, State, ZIP+4®: Middle Village, NY 11379

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0000 3089 6849

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Jamaica, NY 11436

OFFICIAL USE

Certified Mail Fee	$3.55
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.70
Total Postage and Fees	$7.10

0022 11

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NOV - 5 2020

11/05/2020

Sent To: NYS SENATOR JAMES SANDERS JR

Street and Apt. No., or PO Box No.: 142-01 Rockaway Blvd

City, State, ZIP+4®: Queens, NY 11436

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1810 0000 3089 6856

Appendix H

NYS DOH Application for EMS Service - (DOH #3777)

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Services and Trauma Systems

Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

- ☐ New service (Sections A,B,C,D,F)
- ☑ Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)
- ☐ Transfer of existing service operating authority (Sections A,D,E,F)

Type of Service (check one)

- ☐ Ambulance
- ☐ ALS First Responder

Section A Organizational Structure

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Name of Service	DOH Agency Code	Federal Employer Identification Number
Ridgewood Volunteer Ambulance Corps, Inc.	7368	23-7405104

Address	City	State	Zip	County
503 Onderdonk Avenue	Ridgewood	NY	11385	Queens

Contact Person	Title
Jesus Rodriguez	Chairman

Business Phone	Home Phone	Cell Phone	E-mail
(718) 386- 7230	(718) 386- 7230	(718) 386- 7230	j.rodriguez@ridgewoodvac.com

Current Organizational Sponsor Type

- ☐ Proprietary
- ☐ Hospital Based
- ☑ Volunteer Independent
- ☐ Industrial
- ☐ Volunteer Fire Department
- ☐ Municipal/Government
- ☐ Other

Type of Ownership

- ☐ Individual
- ☐ Partnership
- ☐ Government
- ☑ Corporation
- ☐ LLC

Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)

Section B Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable Boundaries. Attach a detailed map of the primary service area. Statements such as "surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc." are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory

In Queens County, the 102nd Precinct / Community Board #9

For expansion list existing primary operating territory

In Kings County, the 83rd Precinct / Brooklyn Community Board 4; in Queens County, the 104th and 108th Precincts / Queens Community Boards 2 and 5.

Section C Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

Insurance Carrier

NATIONAL UNION FIRE INS. CO OF PITTSBURGH

Agent	Business Phone
Millennium Alliance Group, LLC	(516) 496 - 8004

Types and Limits of Coverage ☑ General Liability ☐ Other $10,000,000.00

Section D Description of Proposed Services

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)

☑ EMT ☐ AEMT ☐ Critical Care ☐ Paramedic

Agency Medical Director	Address	City	State	Phone Number
Dr. Lewis Bass	[redacted]			

Agency Providing Medical Control — Phone Number ( ) -

System Medical Director	Address	City	State	Phone Number
				( ) -

Size of Population to be Served	Days of operation	Hours of operation
143,317	Sunday to Sunday	24 Hours

Projected Call Volume — Total 1200 — Emergency 1000 — Non-Emergency 200

Source of Statistics for Call volume ☐ PCR ☐ Dispatch Center ☐ Agency Call Record ☑ Other Area Demographics & Exsisting Volume

Total no. of ambulances	Total no. of emergency ambulance service vehicles (EASV'S)	Total no. of ALS First Response vehicles
4	0	0

Section E Proposed Organizational Structure

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service — Federal Employer Identification Number

Address — City — State — Zip — County

Contact Person — Title

Business Phone	Home Phone	Cell Phone	E-mail
( ) -	( ) -	( ) -	

Proposed Organizational Sponsor Type

☐ Proprietary ☐ Hospital Based ☑ Volunteer Independent ☐ Industrial
☐ Volunteer Fire Department ☐ Municipal/Government ☐ Other

Proposed Type of Ownership

☐ Individual ☐ Partnership ☐ Government ☑ Corporation ☐ LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)

Section F Certification of Accuracy and Ownership Competency

As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 800. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

Attachments Required

- Detailed narrative to support need or statement of purpose and intent for transfer
- Affirmation of Fitness and Competence (DOH-3778)
- DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
- Financial information including funding budget and insurance
- Primary operating territory map

Name of Owner or CEO: Jesus Rodriguez — Title: Chairman

Signature — Date: 12/8/2020

Notary Public affirmation and acknowledgement

ANEUDYS MEJIA
NOTARY PUBLIC-STATE OF NEW YORK
No. 01ME6138902
Qualified in Kings County
My Commission Expires December 27, 2021

FOR REGIONAL EMS COUNCIL USE ONLY

Date Application Received _____

Date of Council Decision _____

☐ Approved ☐ Denied ☐ Rejected – Incomplete

Council Chair Signature _____

Appendix I

NYS DOH Competency and Fitness - (DOH #3778)

Agency Board of Directors

Jesus D. Rodriguez – Chairman

Kevin Mahoney – Vice-Chairman

Walter Dziemian – Captain

Kathleen Sexton – Lieutenant of Operations

James Price - Lieutenant of Administration

Sean Graves – Director

Andrew J. Combs – Director

Joseph A. Campisi – Director

Rosemarie Mandala – Treasurer

George Delgado - Secretary

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Ridgewood Volunteer Ambulance Corps., Inc. — Name of EMS Agency

7368 — NYS EMS Agency Code

[redacted] — Full Name of Corporate Entity requiring F&C review as a new owner/operator

Jesus D Rodriguez — Full Name of Individual

Board chairman — Title

[redacted] — Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted] — Social Security Number (this is not releasable under the provisions of FOIL)

[redacted] — Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES	NO	
☒	☐	Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
☐	☒	Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
☐	☒	Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
☐	☒	Home or residence licensed by NYS or equivalent in any other state.
☐	☒	Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- **Current resume or curriculum vitae**
- **Copies of any related licenses and certifications**
- **Listing of address of residence, or if less than 2 years, addresses of prior residences.**

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Jesus D Rodriguez

Full Name

Signature

11/2/2020

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Jesus D Rodriguez

Full Name

Signature

11/2/2020

Date

Notary Public Affirmation and Acknowledgement

Yarisa Baez

Notary Public Name

Signature

11/2/20

Date

Yarisa Baez
Notary Public, State of New York
NO. 01BA6332024
Qualified in Bronx County
Commission Expires, February 10, 2024

Please affix Notary Public Stamp or equivalent.

New York State Department of Health
EMT Certification - Search Results Screen
EMT Detail Information Screen
EMT: RODRIGUEZ , JESUS D

Print Page

RETURN

EMT Number		
Last Name	**First Name**	**Middle Initial**
City	**State**	**Zip**
County		
Status Description	**Certification Expiration Date**	**Exam Level**
371690		
RODRIGUEZ	JESUS	D
BROOKLYN	NY	11206
KINGS		
Status OK	10/31/2022	Emergency Medical Technician (EMT)

RETURN

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Ridgewood Volunteer Ambulance Corps, Inc. — Name of EMS Agency

7368 — NYS EMS Agency Code

[redacted] — Full Name of Corporate Entity requiring F&C review as a new owner/operator

Kevin Mahoney — Full Name of Individual

Director — Title

[redacted] — Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted] — Social Security Number (this is not releasable under the provisions of FOIL)

[redacted] — Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES	NO	
☑	☐	Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
☐	☑	Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
☐	☑	Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
☐	☑	Home or residence licensed by NYS or equivalent in any other state.
☐	☑	Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- **Current resume or curriculum vitae**
- **Copies of any related licenses and certifications**
- **Listing of address of residence, or if less than 2 years, addresses of prior residences.**

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Kevin Mahoney

Full Name

Signature

11/14/2020

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Kevin Mahoney

Full Name

Signature

11/14/2020

Date

Notary Public Affirmation and Acknowledgement

Notary Public Name

Signature

11.14.2020

Date

EDUARDO DAMIAN LEZCANO
STATE OF NEW YORK
NOTARY PUBLIC
01LE6409395
MY COMMISSION EXPIRES 09/28/2024

Please affix Notary Public Stamp or equivalent.

New York State Department of Health
EMT Certification - Search Results Screen
EMT Detail Information Screen
EMT: MAHONEY , KEVIN

Print Page

RETURN

EMT Number		
Last Name	**First Name**	**Middle Initial**
City	**State**	**Zip**
County		
Status Description	**Certification Expiration Date**	**Exam Level**
245030		
MAHONEY	KEVIN	
FRANKLIN SQUARE	NY	11010
NASSAU		
Status OK	08/31/2023	Emergency Medical Technician (EMT)
245030		
Status OK	02/28/2022	Certified First Responder (CFR)

RETURN

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Ridgewood Volunteer Ambulance Corps, Inc. — Name of EMS Agency

7368 — NYS EMS Agency Code

[redacted] — Full Name of Corporate Entity requiring F&C review as a new owner/operator

Walter Dziemian — Full Name of Individual

Captain — Title

[redacted] — Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted] — Social Security Number (this is not releasable under the provisions of FOIL)

[redacted] — Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES	NO	
☒	☐	Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
☐	☒	Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
☐	☒	Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
☐	☒	Home or residence licensed by NYS or equivalent in any other state.
☐	☒	Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- **Current resume or curriculum vitae**
- **Copies of any related licenses and certifications**
- **Listing of address of residence, or if less than 2 years, addresses of prior residences.**

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Walter Dziemian
Full Name

Signature

11/2/20
Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Walter Dziemian
Full Name

Signature

11/2/20
Date

Notary Public Affirmation and Acknowledgement

Yansa Baez
Notary Public Name

Signature

11/2/20.
Date

Yansa Baez
Notary Public, State of New York
NO. 01BA6332024
Qualified in Bronx County
Commission Expires, February 10, 2024

Please affix Notary Public Stamp or equivalent.

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Ridgewood Volunteer Ambulance Corps — Name of EMS Agency
07368 — NYS EMS Agency Code

[redacted] — Full Name of Corporate Entity requiring F&C review as a new owner/operator

Kathleen Sexton — Full Name of Individual
Lt. of Operations — Title

[redacted] — Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted] — Social Security Number (this is not releasable under the provisions of FOIL)
[redacted] — Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES	NO	
☒	☐	Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
☐	☒	Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
☐	☒	Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
☐	☒	Home or residence licensed by NYS or equivalent in any other state.
☐	☒	Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- **Current resume or curriculum vitae**
- **Copies of any related licenses and certifications**
- **Listing of address of residence, or if less than 2 years, addresses of prior residences.**

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Kathleen Sexton

Full Name

Kathleen Sexton — 11/4/20

Signature — Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Kathleen Sexton

Full Name

Kathleen Sexton — 11/4/20

Signature — Date

Notary Public Affirmation and Acknowledgement

Shyanna Constantino

Notary Public Name

Signature — 11/4/2020

Date

SHYANNA LISSETTE CONSTANTINO
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CO6394639
Qualified in Queens County
My Commission Expires 07-08-2023

Please affix Notary Public Stamp or equivalent.

New York State Department of Health
EMT Certification - Search Results Screen
EMT Detail Information Screen
EMT: SEXTON , KATHLEEN T

Print Page

RETURN

EMT Number		
Last Name	**First Name**	**Middle Initial**
City	**State**	**Zip**
County		
Status Description	**Certification Expiration Date**	**Exam Level**
309117		
SEXTON	KATHLEEN	T
GLENDALE	NY	11385
QUEENS		
Status OK	04/30/2022	Emergency Medical Technician (EMT)

RETURN

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Ridgewood Volunteer Ambulance Corps — 07368

Name of EMS Agency — NYS EMS Agency Code

[redacted]

Full Name of Corporate Entity requiring F&C review as a new owner/operator

James M. Price — Lt of Admin

Full Name of Individual — Title

[redacted]

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted] — [redacted]

Social Security Number (this is not releasable under the provisions of FOIL) — Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES	NO	
☑	☐	Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
☐	☑	Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
☐	☑	Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
☐	☑	Home or residence licensed by NYS or equivalent in any other state.
☐	☑	Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

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- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- **Current resume or curriculum vitae**
- **Copies of any related licenses and certifications**
- **Listing of address of residence, or if less than 2 years, addresses of prior residences.**

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

James M.Price

Full Name

Signature

11/6/2020

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

James M. Price

Full Name

Signature

11/6/2020

Date

Notary Public Affirmation and Acknowledgement

Yan Vilensky

Notary Public Name

Signature

YAN VILENSKY
Notary Public, State Of New York
No. 01VI5055193
Qualified in Nassau County
Commission Expires Feb. 5, 20__

11/6/20

Date

Please affix Notary Public Stamp or equivalent.

New York State Department of Health
EMT Certification - Search Results Screen
EMT Detail Information Screen
EMT: PRICE , JAMES M

Print Page

RETURN

EMT Number		
Last Name	**First Name**	**Middle Initial**
City	**State**	**Zip**
County		
Status Description	**Certification Expiration Date**	**Exam Level**
360340		
PRICE	JAMES	M
MIDDLE VILLAGE	NY	11379
QUEENS		
Status OK	08/31/2021	Emergency Medical Technician (EMT)

RETURN

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Ridgewood Volunteer Ambulance Corps, Inc.	7368
Name of EMS Agency	NYS EMS Agency Code

[redacted]

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Sean Graves	Director
Full Name of Individual	Title

[redacted]

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted]	[redacted]
Social Security Number (this is not releasable under the provisions of FOIL)	Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES	NO	
☑	☐	Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
☐	☑	Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
☐	☑	Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
☐	☑	Home or residence licensed by NYS or equivalent in any other state.
☐	☑	Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

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- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- **Current resume or curriculum vitae**
- **Copies of any related licenses and certifications**
- **Listing of address of residence, or if less than 2 years, addresses of prior residences.**

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Sean Graves

Full Name

Signature

11/14/20

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Sean Graves

Full Name

Signature

11/14/2

Date

Notary Public Affirmation and Acknowledgement

Notary Public Name

Signature

11.14.2020

Date

EDUARDO DAMIAN LEZCANO
STATE OF NEW YORK
NOTARY PUBLIC
Qualified in Nassau County
MY COMMISSION EXPIRES 09/28/2024

Please affix Notary Public Stamp or equivalent.

New York State Department of Health
EMT Certification - Search Results Screen
EMT Detail Information Screen
EMT: GRAVES , SEAN C

Print Page

RETURN

EMT Number		
Last Name	**First Name**	**Middle Initial**
City	**State**	**Zip**
County		
Status Description	**Certification Expiration Date**	**Exam Level**
326432		
GRAVES	SEAN	C
WOODHAVEN	NY	11421
QUEENS		
Status OK	05/31/2024	Emergency Medical Technician (EMT)
326432		
Status OK	04/30/2021	Emergency Medical Technician (EMT)

RETURN

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

RIDGEWOOD VOLUNTEER AMBULANCE CORPS — 7368

Name of EMS Agency — NYS EMS Agency Code

[redacted]

Full Name of Corporate Entity requiring F&C review as a new owner/operator

ANDREW J. COMBS — DIRECTOR

Full Name of Individual — Title

[redacted]

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted] — [redacted]

Social Security Number (this is not releasable under the provisions of FOIL) — Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES	NO	
☒	☐	Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
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- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- **Current resume or curriculum vitae**
- **Copies of any related licenses and certifications**
- **Listing of address of residence, or if less than 2 years, addresses of prior residences.**

Certification of Competency

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Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

ANDREW J. COMBS

Full Name

Andrew J. Combs

Signature

11-07-2020

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

ANDREW J. COMBS

Full Name

Andrew J Combs

Signature

11-07-2020

Date

Notary Public Affirmation and Acknowledgement

MIKHAIL GAVRILOV
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01GA6076164
QUEENS COUNTY
Commission Expires JUNE 24, 2022

MIKHAIL GAVRILOV

Notary Public Name

Signature

11-07-2020

Date

Please affix Notary Public Stamp or equivalent.

New York State Department of Health
EMT Certification - Search Results Screen
EMT Detail Information Screen
EMT: COMBS , ANDREW J

Print Page

RETURN

EMT Number		
Last Name	**First Name**	**Middle Initial**
City	**State**	**Zip**
County		
Status Description	**Certification Expiration Date**	**Exam Level**
12895		
COMBS	ANDREW	J
RICHMOND HILL	NY	11418
QUEENS		
Status OK	08/31/2023	Emergency Medical Technician (EMT)
12895		
Status OK	06/30/2021	Emergency Medical Technician (EMT)

RETURN

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Ridgewood Volunteer Ambulance Corps Inc. — Name of EMS Agency

07308 — NYS EMS Agency Code

[redacted] — Full Name of Corporate Entity requiring F&C review as a new owner/operator

Joseph A Campisi — Full Name of Individual

Board of Director — Title

[redacted] — Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted] — Social Security Number (this is not releasable under the provisions of FOIL)

[redacted] — Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES	NO	
☒	☐	Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
☐	☒	Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
☐	☒	Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
☐	☒	Home or residence licensed by NYS or equivalent in any other state.
☐	☒	Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- **Current resume or curriculum vitae**
- **Copies of any related licenses and certifications**
- **Listing of address of residence, or if less than 2 years, addresses of prior residences.**

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Joseph A Ampisi
Full Name

Signature

11/02/2020
Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Joseph A Ampisi
Full Name

Signature

11/02/2020
Date

Notary Public Affirmation and Acknowledgement

Shyanna Constantino
Notary Public Name

Signature

11/2/2020
Date

SHYANNA LISSETTE CONSTANTINO
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CO6394639
Qualified in Queens County
My Commission Expires 07-08-2023

Please affix Notary Public Stamp or equivalent.

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Affirmation of Fitness and Competency

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Ridgewood Vol Ambulance Corp — 07368
Name of EMS Agency — NYS EMS Agency Code

[redacted]
Full Name of Corporate Entity requiring F&C review as a new owner/operator

Rosemarie Mandala — Treasurer
Full Name of Individual — Title

[redacted]
Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted] — [redacted]
Social Security Number (this is not releasable under the provisions of FOIL) — Date of Birth

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- Mailing address of facility or agency
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- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

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Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Rosemaire Mandala

Full Name

ELSIE F WAGNER
NOTARY PUBLIC, State of New York
No. 01WA6221632
Qualified in Queens County
Commission Expires May 10, 2022

Rosemaire Mandala

Signature

Elsie F Wagner

Date 11/6/20

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Rosemaire Mandala

Full Name

ELSIE F WAGNER
NOTARY PUBLIC, State of New York
No. 01WA6221632
Qualified in Queens County
Commission Expires May 10, 2022

Rosemaire Mandala

Signature

Elsie F Wagner

Date 11/6/20

Notary Public Affirmation and Acknowledgement

Elsie F Wagner · Elsie F Wagner

Notary Public Name

Elsie F Wagner

Signature

11/6/2020

Date

Please affix Notary Public Stamp or equivalent.

New York State Department of Health
EMT Certification - Search Results Screen
EMT Detail Information Screen
EMT: MANDALA , ROSEMARIE

Print Page

RETURN

EMT Number		
Last Name	**First Name**	**Middle Initial**
City	**State**	**Zip**
County		
Status Description	**Certification Expiration Date**	**Exam Level**
227464		
MANDALA	ROSEMARIE	
MIDDLE VILLAGE	NY	11379
QUEENS		
Status OK	04/30/2023	Emergency Medical Technician-Paramedic (EMT-P)

RETURN

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Affirmation of Fitness and Competency

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Ridgewood Volunteer Ambulance Corps, Agency 07368 — 7364

Name of EMS Agency — NYS EMS Agency Code

[redacted]

Full Name of Corporate Entity requiring F&C review as a new owner/operator

George Delgado — Secretary

Full Name of Individual — Title

[redacted]

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted] — [redacted]

Social Security Number (this is not releasable under the provisions of FOIL) — Date of Birth

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☐	☒	Home or residence licensed by NYS or equivalent in any other state.
☐	☒	Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

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- **Listing of address of residence, or if less than 2 years, addresses of prior residences.**

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Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

George Delgado

Full Name

Signature

11/5/2020

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

GEORGE DELGADO

Full Name

Signature

11/5/2020

Date

Notary Public Affirmation and Acknowledgement

Gregg V. Grillo

Notary Public Name

Signature

11/5/2020

Date

Please affix Notary Public Stamp or equivalent.

New York State Department of Health
EMT Certification - Search Results Screen
EMT Detail Information Screen
EMT: DELGADO , GEORGE E

Print Page

RETURN

EMT Number		
Last Name	**First Name**	**Middle Initial**
City	**State**	**Zip**
County		
Status Description	**Certification Expiration Date**	**Exam Level**
467505		
DELGADO	GEORGE	E
NEW YORK	NY	10017
NEW YORK		
Status OK	09/30/2022	Emergency Medical Technician (EMT)

RETURN

Appendix J

Agency Biographies - Board of Directors

Board of Directors Biographies

December 2020

Jesus Rodriguez
Chairman

Jesus D. Rodriguez is the Chairman of the Board of Directors at the Ridgewood Volunteer Ambulance Corps. He has served in this capacity since January 1st, 2018. and welcomes his responsibility of making sure the organization succeeds as a whole.

As Chairman along with the board of Directors he has been instrumental in making sure that the Organization continues to fulfill its mission to the communities we serve.

He has been an EMT since 2008 and has been involved in EMS since 2005. He has been a member of the organization since 2012 and additionally is an active lifetime member. In the past he has served in various leadership roles such as Lieutenant of Operations and Captain of the organization.

Chairman Rodriguez is also a CPR instructor and enjoys training new recruits on the Ambulance. Aside from EMS Chairman Rodríguez owns a small IT/Security integration business and also sits on the Board of another nonprofit organization.

Kevin Mahoney
Vice-Chairman

Kevin started his career in EMS as a member of the Ridgewood Volunteer Ambulance Corps, Inc. in 1997. He has served in various leadership roles within the organization, is a life honorary member and has remained an active board member. Kevin has been instrumental in assisting the agency comply with all community, city and state requirements during the merger and consolidation of operation of (4) volunteer EMS agencies.

Kevin graduated Columbia Southern University with an Associate of Fire Science. He involved in EMS education as a NYS DOH Certified Instructor Coordinator and the course sponsor administrator for Rescue Training International & Emergency Aid Training.

Walter Dziemian – Captain

See attached resume

Kathleen Sexton – Lieutenant of Operations

See attached resume

James Price - Lieutenant of Administration

See attached resume

Sean Graves – Director

Sean Graves is Vice President of training at Aura Preparedness Protection and Training consultants. Mr. Graves has more than 17 years of healthcare experience, as an active Emergency Medical Technician, Educator, and administrator. Mr. Graves currently serves as a member of the New York City Regional Medical Advisory Committee (REMAC), the New York City Regional Emergency Medical Services Council (REMSCO) where he is a member of the Training and Education and Protocol committee. Mr. Graves also is the past Chairperson of the New York State Volunteer Ambulance and Rescue Association (NYSVARA) Legislative and Governmental Affairs committee, where he actively engages State legislators for the betterment of EMS throughout the State of New York.

In the past, Mr. Graves served on NYC Mission: Lifeline Stroke Systems of Care Prehospital Technical Advisory Group and as an item writer for the National Registry of Emergency Medical Technicians examination in Columbus, Ohio. Mr. Graves is a member of the American College of Healthcare Executives.

Andrew J. Combs – Director

See attached Curriculum Vitae

Joseph A. Campisi – Director

Joe started volunteering at the Middle Volunteer Ambulance Corps, Inc (MVVAC) as a youth squad member in 1990. He has held various leadership positions and was the agency president from 2001 until the recent merger with RVAC. Joe was instrumental in facilitating the merger between the MVVAC and RVAC.

Rosemarie Mandala – Treasurer

See attached resume

George Delgado - Secretary

See attached resume

Walter Dziemian

Professional Experience

11/12 – Present **Upsilon Ventures LLC**
Production /Facility Manager

- Managing set up and take down of ice ring and restaurant
- Manage staff of porter and maintenance staff
- Deal with NYC fire safety, health, and building codes
- Keep all subcontractors on schedule
- Schedule daily staff
- Daily inspection of all equipment
- Assist accounting with budgets and Invoicing
- Assure all activations are set up

09/99- 02/10 **Catalpa YMCA OF GREATER NY**
Building Director

- Administer, select, train, supervise and schedule building

Department staff of porter and maintenance staff

- Conduct, supervise and direct repairs of building
- Manage mechanical, equipment and systems

Plans and conduct building preventive maintenance

- Coordinate program setups and arrangements.
- Monitors cleaning performance
- Maintain and order all building supplies and equipment.
- Keep an inventory for control
- Deal with NYC fire safety, health, and building inspectors and obtain necessary licenses.
- Supervise, direct and obtain prices for work due by outside contracts.
- Serves as staff liaison to building/property committee.

Board of Education, P.S.91 12/06-06/07
Custodian/handyman
Daily maintenance
Tile, Carpenters, Painters & Plasters

DIRUSSO ELECTRIC 08/99-09/99
Mechanic
Interior and exterior electrical

Commercial and residence work

GC CONTRACTING 04/94-08/99
Installing tile and cutting
Masons cement slabs
Carpenters framing and finish
Painters & Plasters
Electrical
Roofing
Plumbing

Computer Skills

Windows 98/00/XP
Microsoft word
Microsoft Excel
Lawson
Paychex

Work Skills
Power tools
Forklift Operator
Bobcat Operator
Mini-excavator
Man lift Operator
Box truck Driver
Lull
Boon lift

Certification

CPR/AED and First Aid
FDNY F90
NYC Licensed Contractor (Past)

Affiliations

Member Ridgewood Volunteer Ambulance
Member 104 GCOP
Member 94pct APSU (past)

Education

Queens Vocational Technical High School

Kathleen Sexton

[redacted]

Professional Summary

- Accomplished and energetic Teacher Assistant with a solid history of achievement in both a school setting and hospital. Motivated leader with strong organizational and prioritization abilities.
- Seasoned with more then seventeen years of experience working with both adults and children with behavioral problems.

Skills

- Applied Behavioral Analysis data entry
- Positive Behavioral Intervention Support
- CPR/AED
- Mandated Reporter
- Crisis Interventions
- Emergency Medical Technician
- Certified in Food Servie
- Data Entry

Experience

Teacher Assistant, 04/2001 to 08/2018

Lifeline Center-Child Development – Queens County, NY

- Assists in such duties such as working with individual students or groups of students on special instructional projects, providing teachers with information about student; assisting students in the use of instructional resources, assisting teachers in the development of instructional materials and assisting in instructional programs.
- Assist classroom teacher in the implementation of specialized early childhood curriculum, special education best practices and behavior management plans

Activities Therapy Assistant, 05/1996 to 06/1997

Hillside Psychiatric Research – Queens County, NY

- Duties included developing and planning special events, computer classes, art therapy, and sports skills.
- Progress notes of individual patients , charting progress of each patient.

Intern for Group Study of Children with Attention Deficit Hyperactivity Disorder, 07/1994 to 12/1996

NYS Psychiatric Institute – New York, NY

- Daily tasks included group therapy sessions, monitoring and interacting with medical staff

each patient progress.

- Worked individually with ADHD children using positive reinforcement techniques.
- Through utilization of behavioral modification, taught children coping and socialization skills by using such techniques and strategies,point systems, group sessions and various sport programs.

Education

Psychology, Jun 1996
Queens College - Queens County, NY
Bachelor of Arts

Associate of Arts: Liberal Arts and Sciences, Jun 1993
Queensborough Community College - Queens County, NY

James M. Price

PROFESSIONAL PROFILE

Flexible and compassionate health professional with over ten years of experience being an interactive member of an emergency health services unit. Motivated employee with the proven ability to remain calm in a crisis in order to better serve the needs of the patient and adapt to the situation.

SUMMARY OF QUALIFICATIONS

- Outstanding communication skills with an emphasis on active listening as well as being able to interpret non-verbal skills of a patient and meet them at their level
- Resourceful problem solver who is able to think on his feet yet remain positive
- Known for being reliable and responsible not just in an emergency, but also with the follow-up paperwork and administrative tasks involved
- Able to supervise groups of EMT's during events
- Able to plan and facilitate medical staffing and equipment for events
- Very detail oriented and able to complete various tasks simultaneously
- Passionate about the health services field which makes learning new skills exciting
- Fluent in English

FIELD EXPERIENCE

- Administer appropriate emergency medical care and additional treatment as necessary
- Respond to crisis in a timely manner to stabilize situation accordingly
- Assess patient's condition and manage respiratory, cardiac and trauma emergencies, as well as determine pre-existing medical conditions
- Report observations and actions to emergency department staff upon arrival
- Follow proper protocol for replacing used supplies, checking equipment and updating as required by state regulations

PROFESSIONAL WORK HISTORY

Upsilon Ventures - Brooklyn, NY 09/2008 – Present
Health and Safety Manager/Emergency Medical Technician
First Response Ambulance – Inwood, NY 2011 – 2013
Emergency Medical Technician/Supervisor/Special Operations Division
Ridgewood Volunteer Ambulance Corp. – Ridgewood, NY 09/2009 – Present
Emergency Medical Technician/Lieutenant of Administration Ridgewood Volunteer Ambulance Corp. –
NYPD Auxiliary police - Brooklyn, NY 05/1994 – 06/2015
Sargent of Auxiliary Police Emergency Service Unit

EDUCATION AND TRAINING

NYC College of Technology – Brooklyn, NY 09/2015
NYC Department of buildings Site Safety Manager Course – Certification
LaGuardia Community College – Long Island City, NY 1995
General Education – No Degree

George Delgado
[redacted]

Relevant Skills, Certifications and Experience

New York State EMT 467505, Valid through September 2021
Current AHA BLS CPR/AED for Health Care Providers

National Registry of Emergency Medical Technicians, NREMT E3419414
Valid through March 2021

New York State Department of Education
Licensed as a Private Career School Teacher. Previously licensed as a Basic, Advanced, and Instrument Flight Instructor by the US Federal Aviation Administration

EMS Community Service
Crew Chief and Corps Secretary, Ridgewood Volunteer Ambulance Corps, Queens, NY
New York City Medical Emergency Response Corps
New York State Volunteer Ambulance and Rescue Association, District 4 Secretary

United States Marine Corps Veteran, Active Duty Wartime Service

Career Highlights

Recent
SeniorCare EMS
Emergency Medical Technician
Routine and emergency medical care and ambulance transport for injured and ill patients

Event Medic Services
Onsite Emergency Medical Technician for events and productions

Recent
Freelance Photographer at NY Portraits
Student Advisor at New York Institute of Photography
2005 - Present

Successful freelance photographer and teacher at New York Institute of Photography, America's oldest and largest photography school

Earlier Career
Parker Aviation Division of FBH/Aon
and Willis Limited, London and New York

1970's to 2005
Claims Manager and Account Executive assisting major international airlines developing safety and Risk Management programs and accident response plans. Developed management systems and procedures, participated in airline accident response teams on major air crashes.

Licensed Commercial Pilot and Flight Instructor

Curriculum Vitae

Andrew J. Combs, PA-C

E-Mail: andrewcombs.urology@gmail.com

Married:

Home Address: [redacted]

Education:

12/74	CUNY - Brooklyn College, Brooklyn, New York Major - Sociology
6/79	Long Island University, Brooklyn, New York B.S. Degree - Health Science
6/79	LIU-Brooklyn Hospital Center - Physician Assistant Program Brooklyn, New York Class A Physician Assistant Certificate

Registration & Certifications:

Physician Assistant, State of New York,
License # 001149-1, 7/79 – Current
Physician Assistant, Washington, District of Columbia
License # PA031186, 11/15 – Current

NCCPA Certified Physician Assistant, #1007613, 1/80 - Current

New York State Department of Health, Certified EMT,
License #012895, 3/73 - Current

DEA License # MC0804888

NPI #1477759801

ACADEMIC APPOINTMENTS:

9/14 – Present	Assistant Professor, Department of Urology, Weill Medical College of Cornell University, New York, New York.
1/07- 4/14	Assistant Professor, Pediatric Urodynamics (Departmental appointment), Department of Urology, Columbia University Medical Center, New York, New York.
4/03 – 1/07	Assistant Professor, Department of Urology, Weill Medical College of Cornell University, New York, New York.
4/03- 6/11	Adjunct Clinical Assistant Professor, Department of Urology, State University of New York, Downstate Medical Center, Brooklyn, New York.
3/96 - 4/03	Clinical Assistant Professor, Department of Urology, State University of New York, Downstate Medical Center, Brooklyn, New York.
6/94 - 2/96	Clinical Instructor, Department of Urology, State University of New York, Downstate Medical Center, Brooklyn, New York.
9/91–4/03	Adjunct staff, guest lecturer & clinical preceptor, State University of New York, Downstate Medical Center - Physician Assistant Program, Brooklyn, New York.
9/81 - 6/90	Adjunct staff, guest lecturer & clinical preceptor, Long Island University - Brooklyn Hospital Center Physician Assistant Program, Brooklyn, New York.

Current and Past Employment:

08/15 – Present Consultant in Urodynamics; Division of Pediatric Urology
Children's National Medical Center Washington, D.C.
Supervising Physicians: H.G. Rushton, MD; Hans Pohl, MD; Naida Kaloo, MD; Aaron Krill, MD; Tanya Davis, MD

Clinical Care: Contract consultant in the development of a state of the art pediatric videourodynamics lab, voiding dysfunction center and biofeedback unit. Responsible for the evaluation of pediatric patients with congenital or acquired disorders of bladder function including the performance of videourodynamics, non-video UDS, non-invasive uroflow with pelvic floor electromyography and biofeedback therapy and making management recommendations.

Academic: Training Nurse Practitioners and other nursing staff in the performance and interpretation of urodynamic studies and the evaluation and treatment of urinary incontinence, neurogenic bladder dysfunction, anatomic anomalies and lower urinary tract dysfunction in the pediatric patient; also provide educational opportunities for rotating Urology residents and Pediatric Urology Fellows in the performance and interpretation of videourodynamics.

10/14 – Present Director of Pediatric Urodynamics and Biofeedback Unit
Dept. of Urology, Division of Pediatric Urology
New York Presbyterian-Weill Cornell Medical Center
Komansky Center for Children's Health, New York, N.Y.
Supervising Physicians: Dix Poppas, MD; Ardavan Akhavan, MD
Moneer Hanna, MD; Richard Schlussel. MD.
New York Presbyterian Queens, Flushing, NY; Division of Urology, Director of Adult and Pediatric Urodynamics:
Supervising Physicians (Adult) Farshad Shafizadeh, MD; Gerald Wang, MD; David Green, MD; Michael Amirian, MD;
Pediatrics: Jeremy Wiygul, MD

Clinical Care: Oversee a state of the art pediatric urodynamics lab, voiding dysfunction center and biofeedback unit. Responsible for both the evaluation and management of pediatric patients with congenital or acquired disorders of bladder function including the performance of videourodynamics, non-video UDS, non-invasive uroflow with pelvic floor electromyography and biofeedback therapy. Similar responsibilities at NYP Queens for Adult and Pediatric patients.

Academic: Training urology residents, medical students and nursing staff in the performance and interpretation of urodynamic studies and the evaluation and treatment of urinary incontinence, neurogenic bladder dysfunction, anatomic

anomalies and lower urinary tract dysfunction in the pediatric patient at Weill Cornell and with adult patients at the NYP Queens Site in Flushing, NY.

2/07 – 4/14 Director of Pediatric Urodynamics and Biofeedback Unit
Dept. of Urology, Division of Pediatric Urology
Columbia University Medical Center - Morgan Stanley Children's Hospital Supervising Physicians: Kenneth Glassberg, MD; Pasquale Casale, MD; Sarah Lambert, MD; also (2007-2011): Richard Schlussel, MD; Terry Hensle, MD; Grace Hyun, MD.

Clinical Care: Established a state of the art pediatric urodynamics lab, voiding dysfunction center and biofeedback unit. Responsible for both the evaluation and management of pediatric patients with congenital or acquired disorders of bladder function including the performance of videourodynamics, non-video UDS, non-invasive uroflow with pelvic floor electromyography and biofeedback therapy

Academic: Training urology residents, medical students and nursing staff in the performance and interpretation of urodynamic studies and the evaluation and treatment of urinary incontinence, neurogenic bladder dysfunction, anatomic anomalies and dysfunctional voiding in the pediatric patient.

4/03 – 6/09 Consultant:
Department of Urology, State University of New York, Downstate Medical Center, Brooklyn, New York

7/90 – 4/03: (Full Time) Department of Urology, State University of New York, Downstate Medical Center, Brooklyn, New York
Supervising Physicians: Richard J. Macchia,MD, Gobind Laungani, MD, Ivan Colon, MD, Victor Nitti, MD, Mayer Grob, MD, Jack Mydlo, MD (Adult urology)
Kenneth I. Glassberg, MD, Mark Horowitz, MD (Pediatric Urology)

Clinical Care: Primary clinical responsibilities include functioning as supervisor of both adult and pediatric urodynamics laboratories. Performance of all aspects of urodynamic testing including complex multi-channel voiding pressure studies, pelvic floor electromyography, video urodynamics, renal pelvic pressure studies & biofeedback training. Management of adult & pediatric patients with voiding disorders as well as congenital

and acquired urinary tract disease. Coordinator of urologic care at the Center's multidisciplinary Spina Bifida Clinic. Performance of bladder ultrasound, transrectal ultrasound of the prostate and TRUS guided prostate biopsies, and when needed, assisting in the operating room and cystoscopy unit. Chief accomplishments during tenure at Downstate have been the development of a state of the art urodynamics center for the comprehensive evaluation of adult and pediatric patients with voiding/bladder dysfunction and the development and implementation of a biofeedback program for the management of urinary incontinence, detrusor instability and dysfunctional voiding.

Academic: Responsible for training Urology residents in the performance and interpretation of urodynamic studies. Mentoring family practice and pediatric residents and medical students in the management of adult and pediatric patients with voiding dysfunction.

4/03 – 7/07 Director of Pediatric Urodynamics Lab, Voiding Dysfunction and Biofeedback Unit Department of Urology, Division of Pediatric Urology, New York Presbyterian Hospital, Weill-Cornell Medical Center, New York, New York. Supervising Physicians: Dix Poppas, MD, Moneer Hanna, MD, Mark Horowitz, MD and Rosalia Misseri, MD

Clinical Care: Established pediatric urodynamics lab and voiding dysfunction and biofeedback unit where previously none had existed. Responsible for both the evaluation and management of pediatric patients with congenital or acquired disorders of bladder function including the performance of videourodynamics, non-video UDS, non-invasive uroflow with pelvic floor electromyography and biofeedback therapy

Academic: Training urology residents and nursing staff in the performance and interpretation of urodynamic evaluations in the pediatric patient.

1/93 – 1/09: Brooklyn V.A. Medical Center, Brooklyn, New York
Consultant- Department of Urology
Chief of Service – William Blank, MD

Urodynamics consultant, providing supervision and training of Urology residents in the Urodynamics Laboratory

9/90 – 3/03: Kings County Hospital, Brooklyn, New York
Voluntary Staff - Physician Assistant - Department of Urology
Supervising Physician: Richard J. Macchia, MD

Urodynamics consultant, providing supervision and training of Urology residents in the Urodynamics Lab.

3/88 - 6/90 Long Island College Hospital, Brooklyn, New York
Senior Physician Assistant - Department of Urology
Supervising Physicians: Ciril Godec, MD, Ivan Grunberger, MD and Mark Irwin, MD

Supervisor of both urodynamic & sexual dysfunction laboratories with responsibility for patient assessment & performance of all testing procedures including: complex multi-channel urodynamics, pelvic floor and EUS electromyography sacral evoked potentials, rigiscan testing, MMPI administration, intracorporeal injection therapy and duplex scanning of the penile arteries. Other responsibilities included supervising the pharmacologic erection program, acting as coordinator of the New York Kidney Stone Center in the metabolic evaluation of patients with nephrolithiasis & performance of transrectal ultrasound and needle biopsies of the prostate. Also assisted in direct patient care, patient problem management and during endoscopic procedures. Was also involved in clinical research in the area of pharmacologically induced erections.

7/79 - 3/88 The Brooklyn Hospital Center, Brooklyn, New York
Senior Physician Assistant - Department of Urology
Supervisor: Paul Finkelstein, MD

Functioned as house officer with responsibilities that included the assessment and management of patients in both the inpatient and outpatient clinic settings and first assisted on cases in the operating room and cystoscopy unit. I was also involved with all urologic contrast radiographic studies (IVUG, VCUG, RUG, cystograms and retrograde pyelography), catheterization and dilation procedures performed in the Cysto unit and developed

their first urodynamics lab.

7/74 - 6/79 Cabrini Medical Center, New York, New York
Emergency Medical Technician

Provided pre hospital emergency medical care in conjunction with The City of New York - Emergency Medical Service System.

7/73 - 6/79 The Jamaica Hospital Center, Richmond Hill, New York
Emergency Medical Technician

Provided pre hospital emergency medical care in conjunction with The City of New York - Emergency Medical Service System.

PROFESSIONAL SOCIETIES:

2011 – Current Associate Member, American Urologic Association

1979 – Current Fellow, American Academy of Physician Assistants

1979 - Current Fellow, New York State Society of Physician Assistants

1990 - Current Member, Society for Urodynamics and Female Urology

2012 – Current Member, International Children's Continence Society

OTHER AFFILIATIONS:

1972 - Current Member, Woodhaven - Richmond Hill Volunteer Ambulance Corps; President 1977 - 1980, 1982 - 1983, 1985 - 1987, 1991-1994. Chairman, Board of Directors 1974 - 1977, 1980 – 1982; 2017-current

2016 – Current Member, Glendale Volunteer Ambulance Corps

1979 - Current Charter member, Kiwanis Club of Woodhaven.
(2003 merged into the Richmond Hill – Woodhaven Club)

EDITORIAL WORK

Reviewer: Journal of Urology (Best reviewer award for Pediatrics - 2009)
Neurology and Urodynamics
Journal of Pediatric Urology (Best reviewer award – 2017; 2019)
British Journal of Urology International
International Brazilian Journal of Urology
Therapeutic Advances in Urology

ORIGINAL PEER REVIEWED ARTICLES:

1. Nitti, V., Kim, Y., and **Combs, A.J.**: Correlation of the AUA Symptom Index With Urodynamics in Patients With Suspected Benign Prostatic Hyperplasia. Neurology and Urodynamics, 13:5, 521-529, 1994.

2. **Combs, A.J.** and Nitti, V.: Significance of Rectal Contractions Noted on Multichannel Urodynamics. Neurology and Urodynamics, 14:1,73-80, 1995.

3. Hill, P.D. and Craggs, M.D.: Regarding "Significance of Rectal Contractions Noted on Multichannel Urodynamics". Neurology and Urodynamics, 14:1, 73-80, 1995. Editorial reply by: **Combs, A.J.** and Nitti, V., 14:6, 683-686, 1995.

4. Nitti, V., Adler, H., and **Combs, A.J.**: The Role of Urodynamics in the Evaluation of Voiding Dysfunction in Men after Cerebrovascular Accident. J.Urol: 155, 263-265, 1996.

5. Nitti, V. and **Combs, A.J.**: Correlation of Valsalva Leak Point Pressure With Subjective Degree of Stress Urinary Incontinence in Women. J.Urol. 155: 281-287, 1996.

6. **Combs, A.J.** and Horowitz, M.: A New Technique in Assessing Detrusor Leak Point Pressure in the Spina Bifida Population. J.Urol. 156: 757- 760, 1996.

7. Kim, Y.H., Horowitz, M., Nitti, V.W., Libretti, D., **Combs, A.J.**, and Glassberg, K.I.: Comparative Urodynamic Findings in Patients Following Primary Valve Ablation, Vesicostomy or Proximal Diversion. J.Urol. 156: 673 - 676, 1996.

8. Nitti, V. W., Kim, Y., **Combs, A.J.**, Voiding Dysfunction following

Transurethral Resection of the Prostate: Symptoms and Urodynamic Findings. J. Urol. 157:600 - 603, 1997.

9. Chernoff, A., Horowitz, M., **Combs, A.J.**, Glassberg, K.I.: Periurethral collagen injection for the treatment of urinary incontinence in children. J.Urol. 157: 2303-2305, 1997.

10. Kim, Y.H., Horowitz, M., **Combs, A.J.**, Nitti, V.W., and Glassberg, K.I.: The Management of Unilateral Poorly Functioning Kidneys in Patients with Posterior Urethral Valves. J.Urol. 158: 1001-1003, 1997.

11. Kim, Y.H., Horowitz, M., **Combs, A.J.**, Nitti, V.W., Borer, J., and Glassberg, K.I.: Management of Posterior Urethral Valves on the Basis of Urodynamic Findings. J.Urol. 158: 1011 - 1016, 1997.

12. Horowitz, M., **Combs, A.J,** and Gerdes, D.: Desmopression for Nocturnal Incontinence in the Spina Bifida Population. J.Urol. 158: 2267 - 2268, 1997.

13. Kim, Y.I., Glassberg, K.I., Horowitz, M. and **Combs, A.J.**: Do poorly functioning kidneys in patients with posterior urethral valves need to be removed? BJU 80(2):162, 1997.

14. Kim, Y.I., Horowitz, M., **Combs, A.J.** and Glassberg, K.I.: Management of the valve bladder. BJU 80(2):168, 1997.

15. **Combs, A.J.,** Horowitz, M. and Glassberg, K.I.: Classification and management of dysfunctional voiders. Pediatrics 100(3): 541, 1997.

16. **Combs, A. J.,** Glassberg. A.D., Gerdes, D., Horowitz, M.: Biofeedback Therapy for Children with Dysfunctional Voiding. Urol. 52:312-315, 1998.

17. **Combs, A.J.,** Weinstein, R.P., Horowitz, M. and Glassberg, K.I.: Vasovagal reactions in children suggest autonomic dysfunction in dysfunctional elimination disorders. Pediatrics 104(3): 815, 1999.

18. **Combs, A.J**., Horowitz, M., Glassberg, K.I.: Primary Bladder Neck Dysfunction in Children. J.Urol. 161:161, 1999 (Suppl.).

19. Misseri,R., **Combs, A.J.**, Horowitz, M., Donohoe, J. and Glassberg, K.I.: Myogenic failure in posterior urethral valve disease: Real or imagined? J. Urol. 168:1844-1848, 2002.

20. Donohoe, J.M., Weinstein, R.P., **Combs, A.J**., Schulsinger, D., Misseri, R. and Glassberg, K.I.: When can persistent hydroureteronephrosis in posterior urethral

valve patients be considered residual stretching? J.Urol. 172(2):706-711, 2004

21. **Combs, A.J.**, Grafstein, N., Horowitz, M. and Glassberg, K.I.: Primary Bladder Neck Dysfunction in Children and Adolescents I: EMG Lag Time, a simple noninvasive study to screen for and monitor therapeutic response. J.Urol. 173(1): 207-211, 2005 (**Cover article of the Journal**)

22. Donohoe, J.M., **Combs, A.J.**, Grafstein, N. and Glassberg, K.I.: Primary Bladder Neck Dysfunction in Children and Adolescents II: Results of treatment with alpha-adrenergic antagonists. J.Urol. 173(1): 212-216,2005

23. Grafstein, N., **Combs, A.J.** and Glassberg, K.I.: Primary Bladder Neck Dysfunction: An overlooked entity in Children. Cur.Urol.Rep. 6:133-139, 2005

24. Glassberg, K.I. and **Combs, A.J.**: Non Neurogenic Voiding Disorders: What's New? Current Opinion in Urology, 19:339, 2009

25. Van Batavia, J., **Combs, A.J.,** Horowitz, M. and Glassberg, K.I.: Primary bladder neck dysfunction in children III: Results of long term follow up of alpha blocker therapy. J. Urol. 183:724-730, 2010

26. Hoebeke, P., Bower, W., **Combs, A.J.**, De Jong, T. and Yang, S.: Diagnostic evaluation of children with daytime incontinence. J.Urol. 183:699-703, 2010.

27. Glassberg, K.I. and **Combs, A.J.**: Objective classification of non neurogenic voiding disorders. Therapeutic Advances in Urology. 2010

28. Glassberg KI, **Combs A.J.**, and Horowitz M. Non-neurogenic voiding disorders in children and adolescents: clinical and videourodynamic findings in four specific conditions. J Urol. 184: 2123-2127, 2010

29. Van Batavia JP, **Combs A.J.,** Hyun G, Bayer A, Medina-Kreppein D, Schlussel RN and Glassberg KI: Simplifying the diagnosis of four common voiding conditions using Uroflow/EMG, EMG lag time and voiding history. J Urol. 186:1721-1727, 2011.

30. Wenske, S., **Combs, A.J.,** Van Batavia, J.P. and Glassberg, K.I.: Can staccato and interrupted/fractionated uroflow patterns alone correctly identify the underlying lower urinary tract condition? J Urol. 187:2188-2194, 2012.

31. Glassberg, K.I. and **Combs, A.J.**: Rethinking current concepts and terminology in lower urinary tract dysfunction. Journal of Pediatric Urology 8:454-458,

2012.

32. Glassberg, K.I., Van Batavia, J.P., and **Combs, A.J.:** Posterior urethral valves: Transitioning into adulthood. Guest editor: Rosalia Misseri, Dialogues in Pediatric Urology 34: No. 4: 17-20, June 2013.

33. **Combs, A.J.,** Van Batavia, J.P., Horowitz, M. and Glassberg, K..I.:Short pelvic floor EMG lag time I: Novel non-invasive approach to documenting the presence of detrusor over activity in children with LUTS. J Urol. 189:2282-2286, 2013 (**Cover article of the Journal**)

34. Fast, A.M., Nees, S.N., Van Batavia, J.P., **Combs, A.J**., and Glassberg, K.I.: Outcomes of targeted treatment for vesicoureteral reflux in children with non-neurogenic lower urinary tract dysfunction. J Urol. 190:1028-1033, 2013

35. **Combs, A.J.,** Van Batavia, J.P., Fast, A.M. and Glassberg, K.I.: Dysfunctional elimination syndromes: How closely linked are constipation and encopresis with particular lower urinary tract conditions? J Urol. 190:1015-1020, 2013

36. Van Batavia, J.P., **Combs, A.J.,** Fast, A.M, and Glassberg, K.I.: Prevalence of urinary tract infections and vesicoureteral reflux amongst children with lower urinary tract dysfunction. J Urol. 190(4): 1495-1500, 2013

37. Wenske, S., Van Batavia, J.P., **Combs, A.J.** and Glassberg, K.I.: Analysis of uroflow patterns in children with dysfunctional voiding. J Ped. Urol. 10(2):250-4, 2014

38. **Combs, A.J.,**Van Batavia, J.P. and Glassberg, K.I.: The bladder of willful infrequent voiders: Underactive or underutilized? J Ped. Urol.10(3):517-21, 2014

39. Van Batavia, J.P., Fast, A.M., **Combs, A.J.** and Glassberg, K.I.: Use of non-invasive uroflowmetry with simultaneous electromyography to monitor patient response to treatment for lower urinary tract conditions. J Ped. Urol. 10(3):532-7, 2014

40. Van Batavia, J.P., **Combs, A.J.** and Glassberg, K.I.: Short pelvic floor EMG lag time II: J Ped Urol. 10(2):255-61, 2014

41. Van Batavia, J.P., Nees, S.N., Fast, A.M., **Combs, A.J**., and Glassberg, K.I.: Outcomes of vesicoureteral reflux in children with non-neurogenic lower urinary tract dysfunction with dextranomer hyaluronic acid (Deflux®). J Ped Urol.

10(3):482-7, 2014

42. Glassberg KI, **Combs** A.**J.** The Valve bladder syndrome: 35+ years later. J Urol. 2016 Jul;196(1):16-7. doi: 10.1016/juro.2016.04.049

43. Glassberg KI, Van Batavia JP, **Combs** AJ. Can children with either overactive bladder or dysfunctional voiding transition from one into the other: Are both part of a single entity? **J** Ped Urol. 2016 Aug;12(4):217.e1-8.doi: 10.1016/jpurol.2016.05.024.

44. Van Batavia JP, **Combs** AJ, Fast, AM, Glassberg KI. Overactive bladder (OAB): A symptom in search of a disease-its relationship to specific lower urinary tract symptoms and conditions. **J** Ped Urol. 13(3):277,e1-277.e4,2017

45. Van Batavia JP and **Combs** AJ, Non-invasive Testing and Its Role in Diagnosis and Management of Children with Voiding Dysfunction. Current Bladder Dysfunction Reports, April, 2018

46. Van Batavia JP and **Combs** AJ, The Role of Non-invasive Testing in Evaluation and Diagnosis of Pediatric Lower Urinary Tract Dysfunction. Current Urology Reports 19(5), May, 2018

EDITORIAL COMMENTS:

1) Roth TJ, Vandersteen Dr. Hollatz P, Inman BA, Reinberg YE. Sacral Neuromodulation for the Dysfunctional Elimination Syndrome: A Single Center Experience With 20 Children J Urol, 2008; 180:306-11

2) Bael A, Lax H, de Jong TP, Hoebeke P, Nijman RJM, Sixt R, Verhulst J, Hirche H, van Gool JD. European Bladder Dysfunction Study {European Union BMH1-CT94-1006} The Relevance of Urodynamic Studies for Urge Syndrome and Dysfunctional Voiding: A Multicenter Controlled Trial in Children. J Urol. 2008; 180:1486-95

3) Sjostrom S, Bachelard M, Sixt R, Sillen U. Change of urodynamics patterns in infants with dilating vericoureteral reflx: 3-year followup. J Urol 2009 Nov: 182(5):2446-53,

4) Olsen LH, Grorhw I, Rawashdeh YF, Jorgensen TM Urinary flow patterns in premature males. J Urol. 2010 Jun; 183(6):2347-52

5) Podesta ML, Castera R, Chappero L.J. Renal parenchyma abnormalities in infants with dilating vericoureteral reflux: relation to reflux severity and pressure at onset. J Urol 2010 Jun; 183(6):2367-72

6) Kajbafzadeh AM, Baradaran N, Sadeghi Z, Tourchi Am Saeedi P, Madani A, Ataeei N, Taghavinejad AM, Mohsseni MJ. Vesicoureteral reflux and primary bladder neck dysfunction in children: urodynamics evaluation and randomized, double-blind, clinical trial on effect of a-blocker therapy. J Urol, 2010 Nov; 184(5):2128-33

7) Hong YK, Altobelli E, Borer JG, Bauer SB, Nguyen HT. Urodynamic abnormalities in toilet trained children with primary vesicouretal reflux. J Urol, 2011 May;185(5):1863-8

8) Kajbafzadeh AM, Sharifi-Rad L, Ghahestani SM, Ahmadi H, , Kajbafzadeh M, Mahboubi AH. Animated biofeedback: an ideal treatment for children with dysfunctional elimination syndrome. J Urol, 2011 Dec;186(6):2384-5

CHAPTERS:

1. **Combs, A.J.** and Nitti, V.: Urodynamics: When, Why, and How. In: Practical Urodynamics, Nitti, V., ed., W. B. Saunders Company, Philadelphia, 1998.

2. Horowitz, M., **Combs, A.J.**, and Shapiro, E.: Urodynamics in Pediatric Urology. In: Practical Urodynamics, Nitti, V., ed., W.B. Saunders Company, 1998.

3. Glassberg, K.I., Van Batavia, J.P., **Combs, A.J.,** and Misseri, R.: Posterior Urethral Valves and Other Urethral Anomalies. In: Congenital Anomalies of the Kidney and Bladder, Rushton, H.R. and Barakat, A.J. (eds), Springer , 2016

4. **Combs, A.J.**: Urodynamics: A Practical approach to Bladder Evaluation Prior to Urologic Reconstruction. In: Operative manual of Pediatric and Adolescent Reconstruction, Gundeti, M.S. ed., Jaypee Brothers LTD; New Delhi, 2019

ABSTRACT PRESENTATIONS:

1. Sy, W.M., Finkelstein, P., Seo, I.S. and **Combs, A.J.**: Serial bone scans in orchiectomized men with prostatic bone metastases. Society of Nuclear Medicine, 6th Annual Western Regional Meeting, San Francisco, October, 1981

2. Raboy, A., **Combs, A.J.**, Godec, C., Irwin, M. and Grunberger, I.: Comparison of papaverine and prostaglandin E1 in impotent patients. Annual Meeting, American Urological Association, New Orleans, May, 1990.

3. **Combs, A.J.** and Nitti, V.: Significance of rectal spasms noted on multichannel urodynamics. Annual Meeting, Urodynamics Society, San Francisco, May, 1994.

4. Nitti, V., Adler, H. and **Combs, A.J.**: Voiding complaints after cerebrovascular accident in men. Who should undergo urodynamic evaluation? Annual Meeting, American Urological Association, Las Vegas, April, 1995.

5. Nitti, V. and **Combs, A.J.**: Correlation of valsalva leak point pressure with subjective degree of stress urinary incontinence in females. Annual Meeting, American Urological Association, Las Vegas, April, 1995.

6. Horowitz, M., **Combs, A.J.** and Glassberg, K.I.: A new technique for assessing detrusor leak point pressure in the spina bifida population. Annual

Meeting, American Academy of Pediatrics, San Francisco, October, 1995.

7. Kim. Y., Horowitz, M., Nitti, V., Libretti, D., **Combs, A.J.** and Glassberg, K.I.: Comparative urodynamic findings in patients following primary valve ablation, vesicostomy or proximal diversion. Annual Meeting, American Academy of Pediatrics, San Francisco, October, 1995.

8. Glassberg, K.I., Chernoff, A., **Combs, A.J.**, Horowitz, M., and Libretti, D.: Experience with periurethral collagen in children. Annual Meeting, New York Section - American Urological Association, Istanbul, Turkey, October, 1995.

9. Nitti, V. and **Combs, A.J.**: Non-neurogenic bladder outlet obstruction in women. Annual Meeting, American Urological Association, Orlando, May, 1996.

10. Nitti, V., Kim, Y. and **Combs, A.J.**: Voiding dysfunction following transurethral resection of the prostate. Annual Meeting, Urodynamic Society, Orlando, May, 1996.

11. Chernoff, A., Horowitz, M., Glassberg, K.I, **Combs, A.J**.: Periurethral (GAX) Collagen Injection for the Treatment of Urinary Incontinence in Children. American Urological Association, Annual Meeting, Orlando, May, 1996.

12. Golub, R.W., Maccabee, P.J., **Combs, A.J.** and Grose, E.A.: A new test to evaluate anorectal neurologic function using neuromagnetic stimulation. Annual Meeting, American Society of Colorectal Surgeons, Seattle, June, 1996.

13. Horowitz, M. and **Combs, A.J.:** DDAVP for Nocturnal Enuresis in the Spina Bifida Population. American Academy of Pediatrics, Annual Meeting, Boston, October, 1996.

14. **Combs, A.J.**, Glassberg, K.I., Horowitz, M.: Biofeedback Therapy for Dysfunctional Voiders. American Academy of Pediatrics, Annual Meeting, Boston, October, 1996.

15. Kim, Y.H., Horowitz, M., **Combs, A.J.**, Glassberg, K.I.: The Management of Unilateral Poorly Functioning Kidneys in Patients with Posterior Urethral Valves. American Academy of Pediatrics, Annual Meeting, Boston, October, 1996.

16. Kim, Y.H., Horowitz, M., **Combs, A.J.**, Glassberg, K.I.: Management of Posterior Urethral Valve Patients on the Basis of Urodynamic Findings. American Academy of Pediatrics, Annual Meeting, Boston, October, 1996.

17. Nitti, V.W. and **Combs, A.J.**: Voiding Dysfunction in Young Men. American Urological Association, Annual Meeting, New Orleans, April, 1997.

18. **Combs, A.J.,** Horowitz, M., Glassberg, K. I.: Classification and Management of Dysfunctional Voiders. American Academy of Pediatrics, Annual Meeting, New Orleans, November, 1997.

19. **Combs, A.J.**, Weinstein, R.P., Horowitz, M. and Macchia, R.J: Vasovagal Reaction During Videourodynamics: A window into the etiology of bladder neck dysfunction. American Urological Association, Annual Meeting, San Diego, June, 1998.

20. Macchia, R.J., **Combs, AJ**. and Weinstein, R: Vasovagal Reactions During Videourodynamics. Annual Meeting, American Urological Association, New York Section, Prague, October, 1998.

21. **Combs, A.J.**, Horowitz, M. and Glassberg, K.I. Primary Bladder Neck Dysfunction in Children: Annual Meeting, American Urological Association, Dallas, May, 1999.

22. Weinstein, R.P., **Combs, A.J**., Kim, Y., Horowitz, M. and Glassberg, K.I.: When can Persistent Upper Tract Dilatation be accepted as Residual Dilatation in Posterior Urethral Valve Patients? Society of Pediatric Urology Meeting, Dallas, May, 1999.

23. **Combs, A.J.**, Weinstein, R.P., Horowitz, M. and Glassberg, K.I.: Vasovagal Reactions in Children Suggest Autonomic Dysfunction in Dysfunctional Elimination Disorders. Annual Meeting, American Academy of Pediatrics, Washington, DC, October, 1999.

24. **Combs, A.J.**, Weinstein, R.P., Horowitz, M. and Glassberg, K.I.: Primary Bladder Neck Dysfunction in Children: A simplified Approach to Diagnosis and Management, Annual Meeting, American Academy of Pediatrics, Chicago, November, 2000.

25. **Combs, A.J.**, Horowitz, M. and Glassberg, K.I.: Primary Bladder Neck Dysfunction and Dysfunctional Voiding in Children: Similar Clinical Presentation, Different Urodynamic Consequences. Annual Meeting, American Academy of Pediatrics, San Francisco, October, 2001.

26. Misseri, R., **Combs, A.J.,** Horowitz, M. and Glassberg, K.I.: Bladder Neck Obstruction in Posterior Urethral Valve Patients: Incidence and Management...

American Academy of Pediatrics, Annual Meeting, San Francisco, October, 2001.

27. Misseri, R., Horowitz, M., **Combs, A.J.,** Donohoe, J.M. and Glassberg, K.I.: Myogenic Failure in Boys with Posterior Urethral Valves: Real or Imagined? American Academy of Pediatrics, Annual Meeting, San Francisco, October, 2001.

28. Donohoe, J.M., **Combs, A.J.**, Misseri, R. and Glassberg, K.I.: Primary Bladder Neck Dysfunction in Children: Results of treatment with alpha-adrenergic antagonists. American Academy of Pediatrics, Annual Meeting, Boston, October, 2002.

29. **Combs, A.J.**, Grafstein, N. and Glassberg, K.I.: Primary Bladder Neck Dysfunction in Children and Adolescents I: EMG Lag Time, a simple, new noninvasive study to screen for and monitor therapeutic response. Combined Meeting of International Children's Continence Society and Asian-Pacific Association of Pediatric Urologists, Hong Kong, December, 2002.

30. Donohoe,J.M., **Combs, A.J.**, Grafstein, N., Horowitz, M. and Glassberg, K.I.: Primary Bladder Neck Dysfunction in Children and Adolescents II: Results of treatment with alpha adrenergic antagonists. Combined Meeting of International Children's Continence Society and Asian-Pacific Association of Pediatric Urologists, Hong Kong, December, 2002.

31. Misseri, R., **Combs, A.J.**, Horowitz, M., Donohoe, J.M. and Glassberg, K.I.: Secondary Bladder Neck Obstruction in Posterior Urethral Valve Boys Revisited: Incidence and management. Combined Meeting of International Children's Continence Society and Asian-Pacific Association of Pediatric Urologists, Hong Kong, December, 2002.

32. Donohoe, J.M., Weinstein, R.P., **Combs, A.J**., Horowitz, M., Schulsinger, D., Misseri, R., Gerdes, D. and Glassberg, K.I.: When can persistent hydroureteronephrosis in posterior urethral valve patients be considered residual stretching? Combined Meeting International Children's Continence Society and Asian-Pacific Association of Pediatric Urologists, Hong Kong, December, 2002.

33. **Combs, A.J.**, Grafstein, N. and Glassberg, K.I.: EMG Lag Time: A new noninvasive method to accurately screen for and monitor therapeutic response in children and adolescents with primary bladder neck dysfunction. American Academy of Pediatrics, Annual Meeting, New Orleans, November, 2003.

34. **Combs, A.J.** and Grafstein, N.: EMG Lag Time: A new non-invasive method to screen for and monitor therapeutic response in adults with primary bladder neck dysfunction. American Urologic Association, Annual Meeting, San Francisco, May, 2004.

35. **Combs, A.J.**, Horowitz, M. and Glassberg, K.I.: Pelvic floor EMG lag time and its utility in diagnosing children with detrusor instability. Annual Meeting, American Academy of Pediatrics, San Francisco, October, 2004.

36. **Combs, A.J.**, Grafstein, N.H., Lipansky, A. and Macchia, R.J.: A non-invasive method to screen adults for primary bladder neck dysfunction and monitor response to therapy: Uroflow with pelvic floor electromyography. American Urologic Association, Annual Meeting, Atlanta, May, 2006.

37. **Combs, A.J.**, Misseri, R., Poppas, D. and Horowitz, M.: Children with voiding dysfunction labeled as infrequent voiders or as chronically deferring voiding: Does perception match urodynamic reality? American Urologic Association, Annual Meeting, Atlanta, May, 2006.

38. **Combs, A.J.**, Cheung, W.W., and Macchia, R.J.: Primary bladder neck dysfunction masquerading as the overactive bladder: can we do better in screening for it and monitoring its response to therapy? Society for Urodynamics and Female Urology, Annual Meeting, San Diego, February, 2007.

39. **Combs, A.J.**, Misseri, R., Horowitz, M., Poppas, D.: Feasibility of biofeedback therapy to treat discoordinate voiding in children with associated developmental, behavioral and/or neurologic disorders. American Urologic Association, Annual Meeting, Anaheim, May, 2007.

40. **Combs, A.J.**, Horowitz, M., Poppas, D.P. and Glassberg, K.I.: Urinary incontinence in children with cerebral palsy: underlying voiding dysfunction may be more pathologic than previously reported. Annual Meeting, American Academy of Pediatrics, San Francisco, October, 2007.

41. **Combs, A.J.**, Macchia, R.J. and Glassberg, K.I.,: Primary bladder neck dysfunction: An "adult" entity that should not be overlooked in childhood and adolescence. Combined annual meeting, American Academy of Pediatrics and the International Children's Continence Society, Boston, October, 2008.

42. **Combs, A.J.**, Horowitz, M. and Glassberg, K.I.: Management of children with LUTS requires a specific diagnosis. Combined annual meeting,

American Academy of Pediatrics and the International Children's Continence Society, Boston, October, 2008.

43. **Combs, A.J.,** Horowitz, M. and Glassberg, K.I.: Secondary bladder neck obstruction in boys with a history of posterior urethral valve: revisited. American Urological Association, Annual meeting, Chicago, April, 2009.

44. Horowitz, M., Harel, M., **Combs, A.J**. and Glassberg, K.I.: Surveillance cystoscopy in the management of posterior urethral valves. American Urological Association, Annual meeting, Chicago, April, 2009.

45. Van Batavia, J.P., **Combs, A.J**., Horowitz, M. and Glassberg, K.I.: Primary bladder neck dysfunction in children and adolescents: Results of long term alpha blocker therapy. American Urological Association, Annual meeting, Chicago, April, 2009.

46. **Combs, A.J.,** Chan, J., Van Batavia, J.P. and Glassberg, K.I.: Encopresis and constipation: How closely are they related to various non-neurogenic voiding disorders and each other? American Urological Association, Annual meeting, Chicago, April, 2009.

47. **Combs, A.J.,** Van Batavia, J.P., Bayer, A., Schlussel, R.N. and Glassberg, K.I.: Diagnosis and management of non-neurogenic voiding disorders: Non-invasive uroflowmetry with pelvic floor electromyography is the way to "go". American Urological Association, Annual meeting, Chicago, April, 2009.

48. Van Batavia, J.P., **Combs, A.J.,** and Glassberg, K.I.: Correlation between detrusor overactivity on urodynamic and short EMG long time on uroflometry/electromyography. Combined annual meeting, American Academy of Pediatrics, Section on Urology, Washington, DC., October, 2009.

49. **Combs, A.J.,** Horowitz, M. and Glassberg, K.I.: Assessment of detrusor leak point pressure in patients with spinal bifida using the reinsertion technique modification: Are all patients with high detrusor leak point pressure equally at risk for upper tract injury? Combined annual meeting, American Academy of Pediatrics, Section on Urology, Washington, DC., October, 2009.

50. **Combs, A.J.,** Van Batavia, J.P. and Glassberg, K.I.: What is the Significance of Rectal Contractions during Urodynamics in Children with Primary Bladder Neck Dysfunction? Combined annual meeting, World

Congress on Pediatric Urology, American Urologic Association, San Francisco, May, 2010.

Abstracts presented at Annual Meeting of the Section on Urology, American Academy of Pediatrics, Washington, DC. October, 2010:

51. Van Batavia, J.P., **Combs, A.J.,** Bayer, A., Medina-Kreppein, D., Hyun, G.S., Schlussel, R.N. and Glassberg, K.I: Simple diagnosis of four voiding disorders using history, uroflow, and EMG lag time.

52. **Combs, A.J.,** Van Batavia, J.P. and Glassberg, K.I.: Secondary bladder neck obstruction in pediatric non-neurogenic voiding disorders: How often does it occur and does it respond to alpha blocker therapy?

53. Wenske, S., **Combs, A.J.**, Van Batavia, J.P., Hyun, G.S. and Glassberg, K.I.: Can a staccato uroflow pattern alone reliably indicate the presence of dysfunctional voiding?

Abstracts presented at Annual Meeting of the American Urological Association, May 2011:

54. Nees, S.N., **Combs, A.J.** and Glassberg, K.I.: Urodynamic changes after overnight catheterization. Nocturnal bladder emptying: It protects not only the upper tracts of patients with high pressure bladders, but also improves bladder dynamics as well.

Abstracts presented at the Annual Meeting of the Section on Urology, American Academy of Pediatrics, Boston, October, 2011:

55. Van Batavia, J.P., **Combs, A.J.,** Bayer, A., Medina-Kreppein, D. and Glassberg, K.I.: Use of non-invasive uroflowmetry with simultaneous EMG to monitor patient response to treatment for non-neurogenic voiding disorders.

Abstracts presented at the Annual Meeting of the American Urological Association, Atlanta, GA, May, 2012:

56. **Combs, A.J.,** Van Batavia, J.P., Fast, A.M. and Glassberg, K.I.: Dysfunctional elimination syndromes: Are constipation and encopresis associated with particular lower urinary tract conditions?

57. Fast, A.M., Nees, S.N., Van Batavia, J.P., **Combs, A.J.** and Glassberg, K.I.: Vesicoureteral reflux in children with LUTS: Does targeted treatment make a difference?

Abstracts presented at the Annual Meeting of the International Children's Continence Society, London, October 12-14, 2012:

58. **Combs, A.J.,** Fast, A.M. and Glassberg, K.I.: Overactive bladder in children: Presumptions and findings.

59. **Combs, A.J.,** Van Batavia, J.P. and Glassberg, K.I.: Short pelvic floor EMG lag time: A novel non-invasive approach to documenting the presence of detrusor overactivity in children with LUTS and a quiet EMG when voiding. (Runner-up: Best abstract/presentation)

60. Glassberg, K.I., Van Batavia, J.P. and **Combs, A.J**.: Prevalence of UTIs and VUR amongst children diagnosed with LUT dysfunction.

61. Glassberg, K.I., Van Batavia, J.P. and **Combs, A.J.:** Uroflow patterns in dysfunctional voiding.

62. **Combs, A.J.,** Van Batavia, J.P. and Glassberg, K.I.: Dysfunctional elimination syndromes: Are constipation and encopresis associated with particular LUT conditions?

63. Glassberg, K.I., Fast, A.M. and **Combs, A.J**.: VUR in children with LUT dysfunction: Does targeted treatment make a difference?

64. Glassberg, K.I., Van Batavia, J.P. and **Combs, A.J.:** Current manufacturer's guidelines contraindicate subureteric Deflux® in children with VUR and non-neurogenic LUT conditions: Is a change warranted?

65. **Combs, A.J.,** Van Batavia, J.P. and Glassberg, K.I.: Radiation exposure to children during VUDS: How low can we go?

66. **Combs, A.J.,** Fast, A.M. and Glassberg, K.I.: The bladder of willful, infrequent voiders: Underactive or underutilized? (Winner: Best poster)

Abstracts presented at the Annual Meeting of the Section of Urology of The American Academy of Pediatrics, New Orleans, October, 2012:

67. Van Batavia, J.P., Fast, A.M., **Combs, A.J.** and Glassberg, K.I.: Prevalence of urinary tract infections and vesicoureteral reflux amongst children diagnosed with lower urinary tract dysfunction.

68. Fast, A.M., **Combs, A.J.,**Van Batavia, J.P. and Glassberg, K.I.: The bladder of willful infrequent voiders: Underactive or underutilized?

69. Fast, A.M., **Combs, A.J.,** Van Batavia, J.P., Hruby, G.W. and Glassberg, K.I.: Overactive bladder in childhood: Perceptions and Findings.

70. **Combs, A.J.,** Batavia, J.P. and Glassberg, K.I.: Radiation exposure to children during videourodynamics: How low can we go?

71. Van Batavia, J.P., **Combs, A.J**. and Glassberg, K.I: Use of short pelvic floor EMG lag time in the management and follow-up of children treated for detrusor overactivity. Annual Meeting of the AUA, San Diego, California, May, 2013:

Abstracts presented at the Annual Meeting of the Section of Urology of The American Academy of Pediatrics, Las Vegas, October, 2013:

72. Van Batavia JP, **Combs AJ** and Glassberg KI. Tower uroflow pattern: How often is it seen in children with detrusor overactivity?

73. Van Batavia JP, Fast AM, **Combs AJ**, and Glassberg KI. Overactive bladder in children: Associations with symptoms and specific lower urinary tract conditions.

74. Van Batavia JP, Nees SN, Fast AM, **Combs AJ**, and Glassberg KI. Outcomes of vesicoureteral reflux in children with non-neurogenic lower urinary tract dysfunction treated with dextranomer/hyaluronic acid copolymer (Deflux).

75. Glassberg KI, Wenske S, Van Batavia JP and **Combs AJ**. Uroflow patterns in patients with dysfunctional voiding.

76. **Combs AJ**, Van Batavia JP, and Glassberg KI. Urodynamic assessment of children with spina bifida: Does initial assessment impact clinical findings?

77. Glassberg KI, Van Batavia JP and **Combs AJ.** Are idiopathic detrusor overactivity disorder/overactive bladder and dysfunctional voiding one entity? Or in other words do children migrate from one condition to the other?

78. Van Batavia JP, Ahn JJ, Finkelstein JB, **Combs AJ**, Lambert, SM, Casale,P. Incidence of urinary tract infections after urodynamics studies in the pediatric population. Annual Meeting of the AUA, Orlando, Fla., May, 2014

Abstracts presented at the combined Annual Meeting of the SPU, ESPU and ICCS, Prague, October 14-17, 2015:

79. **Combs, AJ**, Horowitz, M, Glassberg, KI. Secondary bladder neck dysfunction in boys with a history of posterior urethral valve: Revisited

80. **Combs, AJ**, Van Batavia, J, Fast, A, Glassberg, KI. Overactive bladder in children: Associated symptoms and final diagnosis.

81. **Combs, AJ**, Van Batavia, J, Glassberg, KI. Incidence of tower and other uroflow patterns in short lag time proven idiopathic detrusor overactivity (IDO).

82. Glassberg, KI, Van Batavia, J, **Combs, AJ.** Can children with overactive bladder (OAB) and dysfunctional voiding (DV) transition between each other? (I.E., are they one disease?)

Annual Meeting of European Society for Pediatric Urology, Harrogate, England, April, 2016

83. Glassberg, K.I., **Combs, A.J.,** and Van Batavia, JP: How often does secondary bladder neck obstruction occur with dysfunctional voiding and idiopathic detrusor overactivity? Does it respond to alpha blocker therapy?

84. **Combs, A.J.**, Van Batavia, J.P., and Glassberg, K.I.: Significance of rectal contractions in primary bladder neck dysfunction

85. **Combs, A.J.**, and Glassberg, K.I.: Determining which spina bifida patients with a detrusor leak point pressure (DLPP) >40cm/H20 are at greatest risk for upper tract damage: Value of the "reinsertion technique" for determining DLPP

86. Glassberg, K.I., Batavia, J.P., and **Combs, A.J.:** Is there a characteristic uroflow pattern for overactive bladder (OAB)?

87. **Combs, A.J.,** Batavia, J.P., and Glassberg, K.I.: Radiation exposure to children during videourodynamics: How long can we go?

88. **Combs, A.J.,** Van Batavia, J, Glassberg, K.I. Detrusor Internal Sphincter Dyssynergy: an underappreciated source of neurogenic bladder dysfunction in children with Cerebral Palsy. Annual Meeting of the SPU, Dallas, Tx September 9-11, 2016

89. **Combs, A.J.,** Van Batavia, J., Glassberg, K.I. Vesicoureteral Reflux in Children with Cerebral Palsy: Incidence and Association with Detrusor Sphincter Dyssynergy. Annual Meeting of the AUA, San Francisco, CA, May 18th-21st, 2018

90. **Combs, A.J.,** Van Batavia, J., Glassberg, K.I. Vesicoureteral Reflux in Children with Cerebral Palsy: Incidence and Association with Detrusor Sphincter Dyssynergy. New York State Society of Physician Assistants, Annual Meeting, October 4-7th, 2018

INVITED PROGRAM SPEAKER:

1. Invited speaker: Urodynamic challenges. Dantec Medical Urodynamic Seminar, Newark, New Jersey, November, 1992.

2. Invited speaker: Medical and surgical management of voiding dysfunction. Annual Meeting, The New York State Society of Physician Assistants, Saratoga, October, 1994.

3. Invited speaker and Panelist: Management of bladder dysfunction in children with spina bifida. C-MEDD Lecture Series, Medical Society State of New York, New York City, December, 1994.

4. Invited speaker: Nocturnal Enuresis. Annual Meeting, American Academy of Physician Assistants, New York City, May, 1996.

5. Invited speaker: Technical Aspects of Urodynamics. Medtronic Urodynamic Seminar, Newark, March, 1998.

6. Invited speaker: The Hyperactive Bladder and Urinary Incontinence. New York State Society of Physician Assistants, Annual Meeting, Callicoon, New York, April, 1998.

7. Invited speaker: Technical Aspects of Urodynamics. Medtronic Urodynamic Seminar, Newark, November, 1998.

8. Invited speaker: Treatment of the Overactive Bladder. Annual Conference, New Jersey State Society of Physician Assistants, Princeton, March, 1999.

9. Invited speaker and panelist: Biofeedback in Treatment of Dysfunctional Voiding in Children. National Kidney Foundation, Annual Meeting Association of Applied Psychophysiology and Biofeedback. Vancouver, British Columbia, April 1999.

10. Invited speaker and panel moderator: Role of the Physician Assistant in the Diagnosis and Management of the Patient with Overactive Bladder. Annual Meeting, American Academy of Physician Assistants, Anaheim, May, 2001.

11. Invited speaker: Dysfunctional Voiding, AUA Postgraduate Pediatric Urology Update, New York Academy Of Medicine, New York, November, 2001.

12. Visiting Professor, KK Women and Children's Hospital of Singapore, March 8-18, 2005

    Invited by the Singapore Ministry of Health to instruct and demonstrate the techniques of videourodynamics and biofeedback therapy to hospital staff. Also delivered a comprehensive series of lectures to local and international (Southeast Asian conference) professional staff on topics in pediatric voiding dysfunction, dysfunctional voiding, neurogenic bladder, primary bladder neck dysfunction (adult and pediatric), urodynamics, biofeedback therapy and on setting up a voiding dysfunction center.

13. Invited speaker: How to perform Urodynamic Studies. Annual meeting, International Children's Continence Society, Clearwater, Florida, March, 2006.

14. Grand Rounds Speaker Program: Refined urodynamics in childhood. Montefiore Medical Center, Div. Pediatric Urology, Bronx, N.Y.; February, 2007

15. Invited speaker: Voiding Dysfunction in Cerebral Palsy; Weinberg Cerebral Palsy Center Symposium on Updates in Cerebral Palsy, May 18th, 2013, Columbia University Medical Center, New York, N.Y.

16. Grand Rounds Speaker: Videourodynamics in childhood. Johns Hopkins Medical Center, Div. Pediatric Urology, Baltimore, MD; May 23rd, 2013

17. Grand Rounds Speaker: Videourodynamics in Neurogenic Bladder Dysfunction. Children's National Medical Center, Div. Pediatric Urology, Washington DC; April, 17th, 2014

18. Grand Rounds Speaker: A practical approach to lower urinary tract dysfunction in children. Weill Cornell Medical Center, New York, N.Y. September 15th, 2014

19. Invited speaker: Dysfunctional voiding patients: When do you give medication and why. Annual meeting Pediatric Urology Nurse Specialists; Indianapolis, Indiana; November 13th-14th, 2015

20. Grand Rounds Speaker: The role of urodynamics in the management of children with Posterior urethral valve disease. Children's National Medical Center, Div. Pediatric Urology, Washington DC; July, 26th, 2016

21. Invited Faculty speaker and panel discussant: 2 day instructional course in Pediatric Urodynamics, Organized by Dallas Children's Hospital, Div. of Pediatric Urology Dallas, TX; November, 10-11th, 2017

22. Invited Faculty speaker and panel discussant: 2 day instructional course in Pediatric Urodynamics, Organized by Dallas Children's Hospital, Div. of Pediatric Urology, Dallas, TX; October, 12-13th, 2018

23. Grand Rounds Speaker: The role of urodynamics in the evaluation and management of children with Complex Neurogenic and Anatomic bladder dysfunction. Children's National Medical Center, Div. Pediatric Urology, Washington DC; February, 26th, 2019

24. Faculty speaker: Urodynamics in Children with Functional, Anatomic and Neurologic disorders: their critical importance in diagnosis and management. Annual Lavengood Lecture series, Department of Urology, Weill Cornell Medical Center, NY; April 15th, 2019

25. Grand Rounds Speaker: Urinary incontinence in children: Differentiating between benign wetting and the heralding of significant threats to bladder and renal health. Connecticut Children's Hospital, Div. Pediatric Urology, Hartford, CT; September, 17th, 2019

ROSEMARIE MANDALA

Mylo509@aol.com | (718) 683-7659 | Middle Village, NY 11379

PROFESSIONAL SUMMARY

I have worked within the NYC 911 system for over 16 years, as an EMT and a Paramedic. Prior to working in emergency medicine, I was a pre-school/Kindergarten teacher, receptionist and managed the customer service team for a former major retailer. I am looking to move away from working in EMS, with my extensive experience, I know I will become a valuable member of your team.

SKILLS

- CPR
- High-pressure decision management
- Triaging
- Direct patient care
- Vital sign monitoring
- Data entry
- Patient assessments
- Medical history collection
- Vital assessments
- Patient management
- Creative problem solving
- Good listening skills
- Quick learner
- Medical terminology knowledge

WORK HISTORY

Oct 2016 - Jun 2019
EMT/Paramedic
NY Presbyterian Hospital - New York, NY

- Evaluated patient vital signs and status to determine care needs
- Communicated with medical professionals in medical terms to relay patient needs and maintain accuracy
- Adapted treatment plans quickly and effectively based on changing patient conditions and reactions
- Monitored patient status during ambulance transport and transfer
- Stayed in constant communication with patients to continuously maintain care and comfort during transportation
- Developed and maintained rapport with coworkers and local hospital staff to facilitate efficient patient care
- Assessed situation severity of emergent medical incidents and provided care accordingly
- Demonstrated strong commitment to quality care through continuous training and development

Mar 2005 - May 2016
EMT/Paramedic
NY Presbyterian Hospital - New

- Assessed patient condition through physical and verbal exams and by collecting information from others at scene
- Demonstrated strong commitment to quality care through

York, NY

continuous training and development
- Executed well-informed critical decision making in high-pressure situations
- Conducted equipment and vehicle checks to maintain continuous and safe operation
- Evaluated patient vital signs and status to determine care needs
- Communicated with medical professionals in medical terms to relay patient needs and maintain accuracy

Apr 2003 - Feb 2006
EMT
Mary Immaculate Hospital
SVCMC - Jamaica, NY

- Monitored patient status during ambulance transport and transfer
- Developed and maintained rapport with coworkers and local hospital staff to facilitate efficient patient care
- Demonstrated strong commitment to quality care through continuous training and development
- Communicated with lucid patients to gather incident and medical history information
- Executed well-informed critical decision making in high-pressure situations
- Evaluated patient vital signs and status to determine care needs
- Conducted equipment and vehicle checks to maintain continuous and safe operation

EDUCATION

AS: Elementary Education
Kingsborough Community College of the City University of New York | Brooklyn, NY

Certification : Paramedic
St Vincent's School of Allied Health SVCMC | Fresh Meadows, NY

Appendix K

Copy of Payment to
New York City Regional EMS Council

RIDGEWOOD VOLUNTEER AMBULANCE CORPS
503 ONDERDONK AVE
RIDGEWOOD, NY 11385

2526

DATE 12/7/2020

PAY TO THE ORDER OF NYC REMSCO $ 5,000 00/100

Five Thousand and 00/100 DOLLARS

RIDGEWOOD SAVINGS BANK
71-02 Forest Avenue, Ridgewood, NY 11385

FOR Expansion Application

⑈002526⑈ ⑆226071033⑆ 000990161⑈