



# ADIRONDACK-APPALACHIAN REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

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## APPLICATION FOR A REGIONAL TEK NUMBER

NAME [please print] \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMT # and Expiration \_\_\_\_\_

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

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

I am an active member of the \_\_\_\_\_ agency.

Signature \_\_\_\_\_

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION:

Photocopy of your State Certification Card;

Letter from your agency attesting to active duty status;

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

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