Request for Proposals

RFP # 20383

BEMSATS Workflow & Data Management Solution

Attachment D

Screen Shots of Current BEMSATS

Workflow & Data Management Software

Function	Figure	Page
Investigation Case	1.01	4
Investigation Letters	1.02	4
Investigation Reports	1.03	4
Investigation Status Modification	1.04	5
Operations/Emergency Preparedness Agency	2.01	6
Operations/Emergency Preparedness Controlled Substances	2.02	6
Operations/Emergency Preparedness Approvals/Certifications	2.03	6
Operations/Emergency Preparedness County Resources	2.04	7
Operations/Emergency Preparedness Part 18 (Mass Gathering)	2.05	7
Operations/Emergency Preparedness Public Access Defibrillation	2.06	7
Operations/Emergency Preparedness Agency Electronic PCR Record	2.07	8
Main Menu	3.01	9
Education/Training/Certification Course Menu	3.02	9
Education/Training/Certification Search Course	3.03	9
Education/Training/Certification Course Update	3.04	10
Education/Training/Certification Course Registration	3.05	10
Education/Training/Certification EMT Search	3.06	10
Education/Training/Certification CME Menu	3.07	11
Education/Training/Certification EMT Search	3.08	11
Education/Training/Certification EMT Search Report	3.09	11
Education/Training/Certification CME Agency	3.10	12
Education/Training/Certification CME Reports	3.11	12
Education/Training/Certification Exam Registration Menu	3.12	12
Education/Training/Certification Student Information	3.13	13
Education/Training/Certification Regional Test Site Listing	3.14	13
Education/Training/Certification On-Site Scoring Listing	3.15	13
Education/Training/Certification Proctor Menu	3.16	14
Education/Training/Certification Proctor Assignment	3.17	14
Education/Training/Certification Proctor Site Assignment	3.18	14
Education/Training/Certification Proctor Reports	3.19	15
Education/Training/Certification Exam Registration Menu	3.20	15
Education/Training/Certification Course Sponsor Menu	3.21	15
Education/Training/Certification Course Sponsor Information	3.22	16
Education/Training/Certification Course Report Manager	3.23	16
Education/Training/Certification Tracker Main Menu	3.24	16

Function	Figure	Page
Education/Training/Certification CME Search by EMT	3.25	17
Education/Training/Certification CME Agency	3.26	17
Education/Training/Certification CME Letter	3.27	17
Education/Training/Certification CME Letter Signature	3.28	17
Education/Training/Certification CME Agency Update	3.32	18
Education/Training/Certification CME Search by Agency	3.33	18
Education/Training/Certification CME Reports	3.34	18
Education/Training/Certification CME Reports by Level	3.35	19
Education/Training/Certification CME Report	3.36	19
Education/Training/Certification CME Functions	3.37	19
Standard NYS Department of Health Letterhead	3.38	20
Education/Training/Certification Instructor Menu	3.39	21
Education/Training/Certification Instructor Record	3.40	21
Education/Training/Certification Instructor Profile	3.41	21
Education/Training/Certification Instructor Reports	3.42	22
Education/Training/Certification Instructor Letters	3.43	22
Education/Training/Certification Reciprocity Menu	3.44	22
Education/Training/Certification Reciprocity Search	3.45	23
Education/Training/Certification Reciprocity Certification Record	3.46	23
Education/Training/Certification Reciprocity Fund History	3.47	23
Education/Training/Certification SOD Search	4.01	24
Education/Training/Certification SOD Search	4.02	24
Education/Training/Certification SOD Reports	4.03	24
EMT Verification	5.01	25
EMT Verification Search	5.02	25
EMT Verification Report	5.03	25

Investigations Case Number: 20190254 Date Opened: 00/00/0000 Date Reopened: 00/00/0000	Region: Vipe Last Update: 00/00/0000 Up	ndividual V Status: V Complement te By: Date Closed: 00/00/0000
ast: First: Sex: MALE	DOB: 00/00/0000 Street SSN: - Street Phone: () - C Related Cases: Mod	State: NY V Zip: County: ALBANY V
Related ID Numbers Emt: OriginalRecert: Currently Certified: Agency; Cut: Cut: Cut: Cut: Cut: Cut: Cut: Cut:	Case Detail Flags Unsigned App ETOH OSC List Pt Care Comp Arrest Arrest Date 00000	Alleged Violation: Comments: Prior Convictions: Stip Monitoring:
Disposition Flags: Stip: Cert: Other: Opened ID: mpt01 Investigator Assigned:	Decision Stayed Cleared DBFlagged Investigator Comments:	ALS Enforc Only Prior Convictions: Disp Changed Marslaughter Robbery OCJS Assult Drug Abuse Modify Sexual Abuse Sale of Drugs Fraud Embezzlement Other
Returned to AO:	EMT Abstract Course Abstract	Submit Labels Close Print Screen

Eligibility - 1	\odot	Conviction Review	\bigcirc
Eligibility - 2	\bigcirc	No Contact Closure	\odot
Non 800 Clearance - 1	\bigcirc	Enforcement Clearance	\odot
Non 800 Clearance - 2	\odot	Certification Denial	\odot
No Signature Clearance - 1	\bigcirc	Enforcement	\odot
No Signature Clearance - 2	\odot	First Violation	\odot
Archive	\bigcirc	Second Violation	\bigcirc
DEMCCO Notification		Final Violation	0

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Back to Main N	lenu			
eports				
	Open Criminal Cases (by Date)	•	Open Criminal Cases (by Region)	0
	Open Non-Criminal Cases (by Date)	0	Open Non-Criminal Cases (by Region)	0
	CO Open Cases Sent to DLA	O	Closed Cases (by Region)	0
	DLA Closed Cases	0	Case Numbers Assigned to Region	0
	AO Status Report (Date Range)	0	Cases Sent to DLA (Date Range)	0
	Previous Year's Cases Closed	O	Cases Opened (Date Range)	0
	Counts by Case Type (by Year)	0	Criminal Cases Cleared (Date Range)	0
	Do Not Certify Report	0	DLA Hearing Report (Date Range)	0
	Open Cases - who is assigned	0	Convictions (Date Range)	0
	Dashboard Report - Region	O	Benchmark	0
	Dashboard Report - Investigator	O	Open Criminal where EMT is expired	0
	Avg Days to Close Non-Criminal Cases	O	Avg Days to Close Criminal Cases	0
	Quarterly Report (Date Range)	O		

Figure 1.01 (Investigation Case)

Figure 1.02 (Investigation Letters)

Figure 1.03 (Investigation Reports)

Date Opened: 00/00/0000 L Date Reopened: 00/00/0000 L	ast Update: 00/00/000	0 Update By:	Date Closed: 00/00/0000	
ast:	DOB: 00100000 SSN: • Mod Phone: Se Rei Cast U	Street1: fy EMT Status lect a Status © OK O see Comments Do Not Certify Do Not Test AL S Enforce Submit Close ate pagegraphy Stp Monitorit	X Cour	te: NY v Zp: ALBANY v
Disposition Flags: Stip: Cert: Opened ID: mp101 Investigator Assigned: Returned to A0:	Decision Cleared Later Clea DBFlagged Investigator C	Stayed ALS Enforc Only Disp Changed red DCJS J Modify mments:	Prior Convictions Murder Assault Sexual Abuse Fraud	: Theft Robbery Drug Abuse Sale of Drugs Embezzlement Other
Change FMT Status	EMT Abstract	Submit	Labels	-

Figure 1.04 (Investigation Status Modification)

Agency	- 🗆 X
Agency Code Last Update 00/00// Service Name DBA Name	00000 Biennial Expr 000000000 First Certified 000000000 Last Inspection 000000000 Federal ID Service Type Image: Certified Image: Certified Image: Certified Service Type Image: Certified Field Service Type Image: Certified Image: Certified Image: Certified Image: Certified Service Type Image: Certified Image: Cerified Image: Certified I
DBA Name2 Phys Location Mail Address City State Vin Code	Territory Counties Modify
County Business Phone () - Emergency Phone () - Fax Number () -	Region v Remsco v Tax District Name
Email: Contact Person Contact Title Contact Day () -	Tax District Billing for Service Medicaid Provider ID Eligible for Funding: CME Medical Director License Type PaidVolumeer V Modify Clear
Contact Home () - Ownership Type v Ownership Structure v	Level of Care Special Approvals 155.340 capable Disp Freq Special Apps Expr 000000000 Primary Xport Amb Code for BLSFR OCS Vendor 01 OS CV endor 01 BLSFR Renewal Date 000000000
Comment more Archive more	PAD Muni Con Expr Muni Con Expr Last Cert Lapse Last Update by
Prints	Close Submit BCS Data EMT Listing Personnel

Controlled Substances \times Agency Agency Name License Number Authorized Agent Memo Bureau of Controlled Substances Link: Last Update: 07/17/2018 Application Date: 3/9/2017 Issue Date: 7/17/2018 Expiration Date: 6/30/2020 Semi Annual Report Fentanyl Quarterly Report Fentanyl Annual Report Submitted: 00/00/0000 Submitted: 00/00/0000 Submitted: 00/00/0000 Received: 00/00/0000 Received: 00/00/0000 Received: 00/00/0000 Save and Reset Save and Reset Save and Reset Ketamine Quarterly Report Ketamine Annual Report Submitted: 00/00/0000 Received: 00/00/0000 Received: 00/00/0000 Submitted: 00/00/0000 Save and Reset Save and Reset Print Close Report History Search

Agency - Page 2 × _ REMAC Approvals Cert Control Nums: AED 🖂 90119, 90295, 90402, 91022, 91266, 91191, 91330, 30824 (Void), 30825, 31825 EPI 🖂 (corrected), 32034(void), 32038, 33374 (duplicate - VOID), 34836 Albuterol 🖂 Blood Glucometry Naloxone 🖂 Transfusions Fentanyl 🖂 Personnel Ketamine 🖂 CFR 0 EMT 9 AEMT 2 Pad 0 CPAP Γ EMT-CC 1 EMT-P 3 First AID 0 Save Prev Values 12 Lead 15 Total Personnel Syringe Epi 🛛 PAD Crash Tracker Incidents Close

Figure 2.01 (Agency Information)

This is the most used screen of data fields. It contains all of the data pertinent to law and regulation for our certified ambulance services. Example is entity name, legal authorized territory in which the service can operate, physician medical director info, point of contact info, certification expiration date among other data points.

Figure 2.02 (Controlled Substance Info)

This is a screenshot of controlled substance license info for EMS response agencies (ambulance services). Entity name, license number, agent info and expiration date among other critical data points is included.

Figure 2.03 (Approvals/Certifications)

This screenshot included what we call adjunct levels of care, certificate control numbers and personnel data for the ambulance service. Each operating certificate that is issued (usually every other year) has its own unique identifier known as a cert control number.

Update a County Level Resource Back to Main Menu	2					-		×
Protessional Information:			Per	sonal Information	:			
Last Name:	Credenti	ials Verified: Y	es 🗸 🛛 Add	ress 1:				
First Name:			Add	ress 2:				
Title:				City:				
Org:				State: NY 🗸	Zip:	-		
Address 1:				Send Mail to Hom	ne Addres	s: No 🗸		
Address 2:				Phone: () -				
City:				Pager:				
State: NY 🗸 Zip:	-			Email:				
Contact Numbers: Work Phone: () - Extension: Work Fax: () - Work Cell: () -	County Dispatch Cen County Dispatch: Dispatch Phone: (Dispatch Fax: () -	n:		Cor Cor De S	unty: ALBAN unty Coordin puty Coordin special Reso	NY nator: Ye nator: N ource: N	> 9S > 0 > 0 >
County Information:			Counties Ser ALBANY	Subm Close	Al hit e	Point of Co t Point of Co Record Id: Update By	ntact Ye ntact N 0239 : djc08	
Notes:					l Print R	Update Date	: 11/05/2 rint Lab	018 el
		[Update Cour	ties		Delete		

Event:	Facility EMS Coverage:	
Туре:	Facility has Agency Code: No 🧹 Agenc	y Code:
county of Event:	Agency Name:	
egion of Event:	DBA Name:	
Promoter Information:	Event or Additional EMS Coverage:	
Name:	Agency Code: On Site Medical	Control: v
ddress:	Agency Name:	
City: State: NY V Zip:	- DBA Name:	
Contact: Phone: () -		
	Facility Dermit Information	
	Facility Permit Information.	
Resources:	Permit Authority: Renewed	d Yearly: 🗸 🗸
Resources: Facility / Event Inspection Status:	Permit Authority: Renewed Permit Number: P7	d Yearly: 🗸
Resources: Facility / Event Inspection Status: Ispection Required: v IRD Number:	Permit Authority: Renewed Permit Number: P7 Permit Date: 00/00/0000	d Yearly: V
Resources: Facility / Event Inspection Status: Ispection Required: v IRD Number: BEMS:	Permit Authority: Renewed Permit Number: P7 Permit Date: 00/00/0000	d Yearly: v Issued: v
Resources: Facility / Event Inspection Status: ISPection Required: VIRD Number: BEMS:	Permit Number: P7 Permit Number: P7 Permit Date: 00/00/0000	d Yearly: v Issued: v
Resources: Facility / Event Inspection Status: spection Required: IRD Number: BEMS: Comments:	Permit Nutroffy: Renewee Permit Number: P7 Permit Date: 00/00/0000	d Yearly: 🔍 Issued: 🔍
Resources: Facility / Event Inspection Status: spection Required: IRD Number: BEMS: Comments:	Permit Nutroffy: Renewee Permit Number: P7 Permit Date: 00/00/0000	d Yearly: 🔽 Issued: 🔽
Resources: Facility / Event Inspection Status: spection Required: IRD Number: EEMS: Comments: Start Date: Event Information can be entered once or	Permit Nutrofity: Renewee Permit Nutrofity: P7 Permit Date: 00/00/0000	d Yearly:
Resources: Facility / Event Inspection Status: Spection Required: BEMS: Comments: Start Date Event Information can be entered once re added.	Permit Nutroffy: Renewee Permit Number: P7 Permit Date: 00/00/0000	I Yearly: V Issued: V Promoter ID:
Resources: Facility / Event Inspection Status: spection Required: IRD Number: BEMS: Comments: Start Date Event Information can be entered once re added.	Permit Nutroffy: Renewee Permit Number: P7 Permit Date: 00/00/0000	I Yearly: V Issued: V Promoter ID: Last Update Dy: ast Update Date: 00000000
Resources: Facility / Event Information Can be entered once re added.	Permit Nutroffix Permit	d Yearly: v Issued: v Promoter ID: Last Update By: ast Update Date: 000000000

Figure 2.04 (County Resources)

This screenshot is useful for our work with counties across the state especially when it comes to times of disaster when a large mobilization of ambulance services from across the state need to be deployed to the disaster area for support. Examples would be 9/11, Superstorm Sandy, the 1998 ice storms, and severe flooding in the Susquehanna River Basin in 2006 and 2011. We reach out to county points of contact like this one that coordinate local response to a statewide incident.

Figure 2.05 (Part 18 Mass Gathering)

This screenshot is for Title 10 NYCRR Part 18 (mass gathering) permit approvals. When a public event is expected to draw more than 5,000 people, a permit is required. This screen has important data points relative to the Part 18 approval.

🌳 PAD	– 🗆 X
Record ID:	
Agency Code:	Service Type: v AED Manufacturer: v Course Type: v State Agency Multi Area Rural AED Grant Discontinued Number of AEDs: v Number Trained: v
Medical Director Application Date: 00/00/0000	Last Update:
Comments:	
Submit Close	Print Record Mail Label

Figure 2.06 (Public Access Defibrillation)

Article 30 Public Health Law (PHL) has a section related to Public Access Defibrillation (PAD).

This screenshot captures data related to PAD and the thousands of entities across NYS that provide this service to the general public (versus patient specific order/prescription).

						- 0
Agency Code: Service Name:				DBA Name: DBA Name2: Home REMSCO:	Hudson - Mohawk Regional EMS Co	uncil
Third Party Name: Address: City: Contact: Main Phone: e-Mail:) -	State: Cell Phone: (Zipcode:	e_PCR Coord Main Comments:	inator: Phone: e-Mail:	I Phone:
Other: ePCR to Hospital: Paper wfe- Vendori	FAX Copy Hours: Software Zoll / Reso	ue Net	✓ Add/Uj	Data Submission: Go Live Date: pdate Vendor/Software I	EMS Agency v 00/00/0000 nfo Nemsis Version: V2 v	
ome Onice: Trouz Poop	ger annay, 400 broom					
Contacts: Name	Title	•	Main Phone (Cell Phone	Email	Close Submit Print
Name REMSC	Title	Status	Main Phone (Cell Phone Approved Approved Date	Email Update Endorsements	Close Submit Print

Figure 2.07 (Agency Electronic PCR Record)

Current process is that this form is updated:

1.On initial application for ePCR capability

2.On transition to a new ePCR platform

3.On bi-annual agency renewal

Ideally, this screen will show effective dates with each software platform and document the updates or revisions (ePCR coordinator, staff change, software platform change, REMSCO / Program Agency endorsement change, NEMSIS software standard / platform)

Emergency Medical Services	- 🗆 X
Emergency Medic	al Services Version 2.5 4/4/2019
Update:	
• Agencies	○ Instructors
○ Area Offices	\bigcirc Investigations
○ Courses	O Program Agencies
O Course Registration	○ Remscos
○ EMTs	○ Sponsors
○ CME Program	○ Trackers
○ Exam Registration	○ Reciprocity
• Run Reports and Labels • • Run Co	ourse Extracts O Work Table
Submit	ose

@ C	ourse Main Menu	-	×
	Select a Transaction Type:		
	Add a New Course		
	⊖ Update a Course		
	⊖ Exam Dates		
	OLetters		
	Submit Close		

🥮 S	earch Course			_		
Ent	er Course Nun	nber:				
Sea	arch Sponsor I	Database				
			Sponsor Name:	SCCC		
Spo	nsor Number:		-or-	(3 characters	required)	
			County:		~	
		Search	Clear Clos	e		
[Course	Course Level	Course Type	e Start Date	^	
	128168	Basic	Refresher	09/10/2018		
	128167	Basic	Original	09/05/2018	_	
	128126	Basic	Refresher	05/30/2018	-	
	128083	Basic	Refresher	01/22/2018	-	
	128082	Basic	Original	01/17/2018	-	
	127142	Basic	Refresher	09/11/2017	-	
					~	
1						
			double-click to select			

Figure 3.01 (Main Menu)

Courses	Course Registration
EMTs	CME Program
Exam Registration	Instructors
Sponsors	Trackers
Reciprocity	Print Failure Letters
Print Cards	Work Table
Run Course Reports	

Figure 3.02 (Course Menu)

Figure 3.03 (Search Course)

Searching Mechanism:

- 1. Search by Sponsor Name
- 2. Search by Sponsor County
- 3. Search by Sponsor Number
- 4. Search by Course Number

Course Update Window		-		\times
Back to Main Menu				
Course				
Course: Basic Level: Basic Type: Refresher v	Sponsor: Sponsor No:			
Dates: Start: 09/11/2017 Practical: 12/16/2017	Class Data: Select Location			
End: 12/21/2017 Cancel: 00/00/0000	County:			
Instructor: Instructor No.:	Originally Enrolled: 19 Student Apps: Took Practical: 0 Number Certifiet Failed Practical: 0 Eligible for Funding Took Exam: 19 Overpaymen Retested: 1 Late Penalty	19 1: 19 1: 8 1: \$0.00 1: 0.00		
EOC Paperwork:	Comments:			
ADA: Print Record Print Label View Instructor	Submit Close View C Assign	Student St lass List Proctors	atus	

Course Re	gistration							-		×
Course N Sponsor: Instructor Original I Eligible fo	um:	Basic-Refre	esher			Start Da End Dat	ate: 09/1 e: 12/2	1/2017 1/2017		
EMT	Name			Funding	Primary Agency	Secondary Agency	Ov	Edit erride		^
				Y	4611		ELIGIBLE	to te	ST	
				Y	4696		ELIGIBLE	TO TE	ST	
				N	4683		ELIGIBLE	TO TE	ST	-
				N			ELIGIBLE	E TO TE	ST	-
				Y	4619	0139	ELIGIBLE	E TO TE	ST	-
				Y	4513		ELIGIBLE	E TO TE	ST	-
				Y	4689		ELIGIBLE	E TO TE	ST	-
		Dev	uble el	ick to Domo	vo From	Course	List	Count	20	~
		Do	ubie-cl	ICK to Remo	ve From	Course	List	Jount:	20	
Ineligible	es	Add E	MTs	Submi	t	Close		F	Print	

Figure 3.04

(Course Update)

Course Tracking Component Connecting Data From:

Course Number	Course Locations
Update Student Status List (Examination Eligible)	Assign Exam Proctor
Print Course Record	Print Course Label
View Instructor	

Figure 3.05 (Course Registration)

Course Registration Related Data:

- 1. Course Number
- 2. Sponsor
- 3. Instructor
- 4. Enrollment Counts (Course Main Page)
- 5. Eligible for Funding (Agency Connection)
- 6. EMT Student Entry

Lookup	
Search By:	
EMT Number:	
-10-	
EMT Last Name:	
-or- (2 characters required)	
Social Security Number:	
-or-	
Last 4 digits of SSN:	
Submit Clear Close	

Figure 3.06 (EMT Search)

EMT Database Search Related Data

- 1. Search by EMT Number
- 2. Search by Last Name
- 3. Search by SSN
- 4. Search by Last 4 Digits of SSN

CME Main Menu Back to Main Menu		-	×
	● View an EMT		
	○View an Agency		
	\bigcirc 45-day Violation Log		
	Submit Close		

🌳 Search by EMT				_	×
Back to Main Menu	i.				
Sea	rch by: Emt Number: Emt Name: Agency Code:				
	Search	Clear	Close		

Figure 3.07
(CME Menu)

Figure 3.08 (EMT Search)

- 1. Search by EMT (name or number)
- 2. View Agency
- 3. 45 Day Violation Log
- 4. Reports



Figure 3.09 (EMT Search Report)

EMT Search Screen

Agency:	Address:
Name:	
DBA:	Agency Contact:
evel of Care: EMT-P	Agency Contact Title: EMS COO
County: Oneida	Phone Business:
Region: Central Field Office	Phone Day: Biennial Exp: 6/30/2020
Remsco:Mid-State Regional EMS Council	Phone Home: BLSFR Renewal:
Medical Director:	
CME Contact Approved Date: 04/09/2002 Phone #1	t: Online Program
Approved Date: 04/09/2002 Phone #1 Denied/Removed Date: 00/00/0000 Phone #2 Comments Phone #3	t: Online Program
CME Contact Approved Date: 04/09/2002 Phone #1 Denied/Removed Date: 00/00/0000 Phone #2 Comments Phone #3 V/26/18-Agency update request sent.klv	t: Online Program
CME Contact Approved Date: 04/09/2002 Phone #1 Denied/Removed Date: 00/00/0000 Phone #2 Comments Phone #3 /26/18-Agency update request sent.klv Affiliate Contact	t: Online Program
CME Contact Approved Date: 0/4/09/2002 Phone #1 Denied/Removed Date: 00/00/0000 Phone #2 Comments V26/18-Agency update request sent.klv Affiliate Contact Phone	t: Online Program
CME Contact Approved Date: 0/4/09/2002 Phone #1 Denied/Removed Date: 00/00/0000 Phone #2 Comments Phone #3 V/26/18-Agency update request sent.klv Affiliate Contact Phone Address Cib	t: Online Program t: Online Program t: Online Program t: Online Program t: Onl
CME Contact Approved Date: 04/09/2002 Phone #1 Denied/Removed Date: 00/00/0000 Phone #2 Comments Phone #3 V26/18-Agency update request sent.klv Affiliate Contact Phone Address City	t: Online Program
CME Contact Approved Date: 04/09/2002 Phone #1 Denied/Removed Date: 00/00/0000 Phone #2 Comments Phone #3 V/26/18-Agency update request sent.klv Affiliate Contact Phone Address City	t: Online Program t: CME Medical Director: t: Last Update: 3/26/2018 t: Last Update: 3/26/2018 t: Update by: t: Last Update: 3/26/2018

Figure 3.10 (CME Agency)

 CME Reports Main Menu Back to Main Menu 		– ⊔				
Select a Report:						
Participant Lists		Agency Reports				
Registered by Leve	1	◯ All Agencies - by Code				
O Recertified by Leve	el	◯ All Agencies - by Federal ID				
⊖ by County		◯ All Agencies - by Name				
⊖ by Area Office		◯ All Agencies - by D.B.A.				
⊖ by Remsco		◯ All Agencies - by Region				
\bigcirc by Agency		Miscalleneous				
		⊖Vielster's Log				



CME Reports Main Menu

Series of reports available from the system ~ produced in Crystal Reporting



Figure 3.12 (Exam Registration Menu)

Student Information

Dack to Main Main

Back to Main Menu					
Enter the Student Information:	Course	Exam Date	Level	Туре	Num Taken
EMT Number:					
Course Number:					
Times Taken:					
Submit Close		do	uble-click to updat	e	

- 🗆 X

Figure 3.13 (Student Information)

Site Name	Address	^
(01) Erie County, Emergency Services & Operations	Center 3359 Broadway, Cheektowaga	
(02) Jamestown Community College	525 Falconer Street, Jamestown	. 1
(03) Olean General Hospital	515 Main Street, Olean	
(04) Monroe Community College / Public Safety Train	ing Fac 1190 Scottsville Road, Suite 216, Rochester	
(05) Finger Lakes Regional EMS Council	63 Pulteney Street, Geneva	
(06) St. Joseph's Hospital	555 St Joseph's Blvd, Elmira	
(07) SUNY Canton College	34 Cornell Drive, Canton	
(08) Jefferson County EMS	531 Meade Street, Watertown	
		~

Site Name	Address
NO LONGER UTILIZING - Albany High School	700 Washington Avenue - Main Entrance, Albany
NO LONGER UTILIZING - Herricks High School	100 Shelter Rock Road, New Hyde Park
aGuardia Community College	31-10 Thompson Avenue, Long Island City
Public Safety Training Facility-Monroe Community College	1190 Scottsville Road, Suite 216, Rochester
NOT CURRENTLY UTILIZING - Immaculate Conception	72-00 Douglaston Parkway, Douglaston
Schenectady County Community College	78 Washington Ave., Schenectady
Saint John's University	175-05 Horace Harding Expressway, Fresh Meadows
Course Location - Public Safety Training Facility - MCC	1190 Scottsville Road, Rochester
Course Location - Public Safety Training Facility - MCC	1190 Scottsville Road, Rochester

Figure 3.14 (Regional Test Site Listings)

Figure 3.15 (On-Site Scoring Listings)

Proctors Main Menu	_	\times
Back to Main Menu		
Select Transaction		
Add/Update Proctors		
⊖ Assign Proctor to RTS		
⊖ Assign Proctor to OSS		
⊖ Update a Course		
⊖ Reports		
Submit Close		

Assign Proctors X Back to Main Menu Enter the Exam Date: 00/00/0000 -and-Address Site Name (01) Erie County, Emergency Services & Operations Center 3359 Broadway, Cheektowaga (02) Jamestown Community College 525 Falconer Street, Jamestown (03) Olean General Hospital 515 Main Street, Olean (04) Monroe Community College / Public Safety Training Fac 1190 Scottsville Road, Suite 216, Rochester (05) Finger Lakes Regional EMS Council 63 Pulteney Street, Geneva (06) St. Joseph's Hospital 555 St Joseph's Blvd, Elmira (07) SUNY Canton College 34 Cornell Drive, Canton Double-click to select the location Close Assign Proctors \times Back to Main Menu b0/00/0000 Enter the Exam Date: -and-Site Name Address NO LONGER UTILIZING - Albany High School 700 Washington Avenue - Main Entrance, Albany NO LONGER UTILIZING - Herricks High School 100 Shelter Rock Road, New Hyde Park LaGuardia Community College 31-10 Thompson Avenue, Long Island City Public Safety Training Facility-Monroe Community College 1190 Scottsville Road, Suite 216, Rochester NOT CURRENTLY UTILIZING - Immaculate Conception 72-00 Douglaston Parkway, Douglaston Schenectady County Community College 78 Washington Ave., Schenectady Saint John's University 175-05 Horace Harding Expressway, Fresh Meac Course Location - Public Safety Training Facility - MCC 1190 Scottsville Road, Rochester Double-click to select the location Close

Figure 3.16 (Proctor Menu)

Figure 3.17 (Proctor Assignment)

Assigning Proctors to Regional Testing Sites

Select the Location and then the Proctor on the following screen

> Figure 3.18 (Proctor Site Assignment)

Proctor R	eports	_		\times
Back to Ma	in Menu			
– Sele	ct a Report Active Proctors Proctors by County of Report of assigned b Report of assigned b Report of assigned b	of Work by Course by Proctor by RTS		
	 Report of assigned b Exam Report - sorted Exam Report - sorted RTS Site Report OSS Site Report 	y OSS 1 by Course 1 by County) /	
	Submit	lose		

 Exam Registration Main Menu Back to Main Menu 	- 🗆 X
Reports by Exam Date:	Reports by Date Range:
Exam Date: 00/00/0000	Start: 00/00/0000
-and-	End: 00/00/0000
ORTS Exam Inventory Form	-and-
○ RTS Rosters	
○OSS Exam Inventory Form	○ Students Assigned by RTS
⊖ OSS Rosters	○ Students Assigned by OSS
Submit	lose Clear

oonsor Main Menu	-		×
Select Transaction:			
Update a Sponsor Re	ecord		
○ Create a Sponsor Re	cord		
○ Sponsor Reports			
○ Sponsor Labels			
Submit Clo	se		
	Select Transaction: Update a Sponsor Re Create a Sponsor Re Sponsor Reports Sponsor Labels Clo	Select Transaction:	Select Transaction: ©Update a Sponsor Record Create a Sponsor Record Sponsor Reports Submit Close

Figure 3.19 (Proctor Reports)

Figure 3.20 (Exam Registration Menu)

Figure 3.21 (Course Sponsor Menu)

Sponsor Number Status V Last Update 0 Customer Number Expires 00/00/0000 Update By 0	0/00/0000 Last Ao Audit 00/00/0000 Region
Physical Location: Name Street Street Zip County: V State Zip County: V Phone: () - Fax: () - Remsco V Fax: () - Remsco V Municipality Vendor ID: Municipality Vendor ID: Medical Director More Select License Number: Select Comments	Sponsor Type: Activated: 00/00/000 Specialty Deactivated: 00/00/000 Approved to Teach: Basic Update Critical Care Paramedic Refinal Paramedic Refinal Cit Eligible for fundi Cit Accredite Continuing Ed Payments:
Administrator More	Fiscal Officer More
Laision More	Paramedic Program Director More
Mail Label File Label Submit Close	Print

Figure 3.22 (Course Sponsor Information)

Report Manager	Main Menu		_		\times	
Back to Main Men	u					
hu Domooo/Cou	Listi	ngs:				
⊖ full list	O one Remsco	O All Sponsors - Alpr	abetica	31		
	0	O All Sponsors - Nun	nerical			
by Region/Cou	nty	Expiration Listing				
Officialise		O Phone Listing				
by County	-	○ Courses Taught				
) full list	O one County	O Courses Taught - F	lot			
by County Serv	red	O Courses - None Te	sted			
) full list	O one County	O Courses Not Tested - by Sponsor				
		○ Courses Not Teste	d - by A	rea Offic	е	
		O PSE Report				
	Submit	Close				



Figure 3.23 (Course Report Manager)

Figure 3.24 (Tracker Main Menu)

Search by EMT		×
Back to Main Menu		
Search by: Emt Number: Emt Name: Agency Code: Search Clear Close		

Figure 3.25 (Search by EMT)



Select CME Letter
 Select Letter Type
 Recertification Letter
 Rejection Letters
 Submit
 Close



Figure 3.26 (CME Program)

Figure 3.27 (CME Letters)

Figure 3.28 (CME Letter Signature)

CME Agency	-			X
Agency: Name:		Address:		
DBA:		Agency Con	tact:	
Level of Care: EMT		Agency Con	tact Title: Captain	
County: Schenectady		Phone Busin	iess	
Region: Capital District Regional Office		Phone Day:		Biennial Exp: 10/31/2019
Remsco:Hudson - Mohawk Regional EM	S Council	Phone Home	e:	BLSFR Renewal:
Medical Director:				
Q Approved Date: 02/03/2016 Denied/Removed Date: 00/00/0000 Comment:	ME Contact: Phone #1: Phone #2: Phone #3:		CME Medical Dire	Online Program 🗹
email:	Affiliate: Contact:			Last Update: 3/28/2017
	Phone: ()	-		Update by: klv01
	Address:]
	City:		State: 💌 Zip	:
Mailing Label Print Record	Update	Close	Participants	Full Agency Info 45-Day Violation

Search by Agency	
Back to Main Menu	
Search by: Agency Code: Agency Name:	
Search Clear Close	



Figure 3.32 (CME Agency Update)

Figure 3.33 (CME Search by Agency)

> Figure 3.34 (CME Reports)



Figure 3.35	
(CME Reports by Level)	

Ф сл	ME Report Print Window						- 0	X
Ba	ck to Main Menu							
	Number Name	Cert Level	Card Expires	Card Ordered	Card Sent		ר	Í
	362896	Basic	9/30/2016	9/30/2011	10/5/2011	-		
	200957	Basic	10/31/2020	10/18/2017		•		
	79519	Basic	7/31/2021	1/25/2018		-		
	318138	Basic	8/31/2013	7/30/2008	8/4/2008			
	188475	Basic	10/31/2004	10/1/2001	10/18/2001			
	190060	Basic	11/30/2021	9/10/2018				
	42547	Basic	12/31/2015	9/18/2012	9/26/2012			
	377507	Basic	5/31/2016	4/9/2013	4/11/2013			
	363106	Basic	1/31/2015	12/22/2011				
	305027	Basic	7/31/2016	5/21/2013	5/23/2013			
	277085	Basic	8/31/2020	7/17/2017				
	414510	Basic	10/31/2020	9/13/2017				
	311694	Basic	6/30/2014	2/18/2009	2/23/2009			
	159456	Basic	8/31/2008	6/30/2005	7/19/2005	_		
	422690	Basic	7/31/2020	5/26/2017				
	209745	Basic	3/31/2015	2/16/2010	2/19/2010			
	352391	Basic	8/31/2019	5/20/2016	5/24/2016			-
		Print	Close					



Figure 3.36 (CME Report Example)

Figure 3.37 (CME Function Menu)



Figure 3.38 (Standard NYS Department of Health Letterhead)





Figure 3.39 (Instructor Menu)

Figure 3.40 (Instructor Record)



		- 0	\times
Instructor Lists and Reports			
Back to Main Menu			
CIC Lists and Reports		CLI Lists and Reports	
Master List (Past and Current)		O Master List (Past and Current)	
O Current by CIC Number		O Current by CLI Number	
O Current by Name		○ Current by Name	
○ Current by County		○ Current by County	
\bigcirc Expired by Date		\bigcirc Expired by Date	
\bigcirc Expired by County		\bigcirc Expired by County	
○ Phone List		○ Phone List	
○ CIC Faculty by Area Office		OCLI Faculty by Area Office	
O Recert Application		O Recert Application	
OCLI and CIC Faculty by Area (Office	O Approved CLI and CIC	
OExpired Instructors Assigned t	o Teach	O Approved PC	
Submit		Close	
Submit Instructor Letters		Close — 🗌	×
Submit Instructor Letters Back to Main Menu		Close	×
Submit Instructor Letters Back to Main Menu		Close	×
Submit Instructor Letters Back to Main Menu CIC Letters and Certificates		Close – □	×
Submit Instructor Letters Back to Main Menu CIC Letters and Certificates CIC Course Completion Letter	•	Close — — — — — — — — —	>
Submit Instructor Letters Back to Main Menu CIC Letters and Certificates CIC Course Completion Letter CIU Course Completion Letter	•	Close — — — — — — — — —	×
Submit Instructor Letters Back to Main Menu CIC Letters and Certificates CIC Course Completion Letter CIU Course Completion Letter CIC Certification Rejection Letter	 • •	Close	× 0 0
Submit Instructor Letters Back to Main Menu CIC Letters and Certificates CIC Course Completion Letter CIU Course Completion Letter CIC Certification Rejection Letter CIC Recert Rejection Letter	 • •	Close — — — — — — — — — — — — — — — — — —	× 0 0 0
Submit Instructor Letters Back to Main Menu CIC Letters and Certificates CIC Course Completion Letter CIU Course Completion Letter CIC Certification Rejection Letter CIC Recert Rejection Letter CIC Certification Approval Letter	 • •	Close	× 0 0 0 0
Submit Instructor Letters Back to Main Menu CIC Letters and Certificates CIC Course Completion Letter CIU Course Completion Letter CIC Certification Rejection Letter CIC Recert Rejection Letter CIC Certification Approval Letter CIC Recert Approval Letter	 • •	Close	× 0 0 0 0 0 0 0 0
Submit Instructor Letters Back to Main Menu CIC Letters and Certificates CIC Course Completion Letter CIU Course Completion Letter CIC Certification Rejection Letter CIC Recert Rejection Letter CIC Certification Approval Letter CIC Recert Approval Letter CIC Certificate	 • •	Close Close Close Close CLI Certification Rejection Letter CLI Certification Rejection Letter CLI Certification Approval Letter CLI Certification Approval Letter CLI Certificate	× 0 0 0 0 0 0
Submit Instructor Letters Back to Main Menu CIC Letters and Certificates CIC Course Completion Letter CIU Course Completion Letter CIC Certification Rejection Letter CIC Certification Approval Letter CIC Recert Approval Letter CIC Certificate	 <td>Close</td><td>×</td>	Close	×



Figure 3.42 (Instructor List and Reports)

Figure 3.43 (Instructor Letters)

Figure 3.44 (Reciprocity Menu)

Emergency	Medical Services
	Search for EMT
Update:	Back to Main Menu
	○ Create a record without an EMT Number
	- or -
	Search by:
	Emt Number:
	Emt Name:
	Submit Clear Close
© Run R	eports and Labels O Run Course Extracts O Work Table
	Submit Close

Last: First: Middle: Street:	Birth Date: 00/00/0000 SSN: Gender: Phone (home): (_) -	View History Pending Date: 00/00/0000 Approved Date: 00/00/0000
City: State: Zip: - County:	Phone (work): () - Primary Agency: Secondary Agency:	Denied Date: 00/00/0000 Last Update: 00/00/0000 Update By:
Reciprocity Course: Reciprocity Level: Reciprocity Expires 00/00/0000 Reciprocity State:	Military Trained Refresher Letter Sent Exam Letter Sent Comments:	View Abstract
Card Ordered: 00/00/0000 Card Sent: 00/00/0000 Funds received \$50 \$25 None		
Record Funds Enroll	Submit Close	Letters



Figure 3.45 (Reciprocity Search Records)

Either select "Create a record without an EMT number" if it is a new applicant

OR

Search by the applicant's EMT number or Last name.

Figure 3.46 (Certification Record)

Once you have selected "Create a record without an EMT number" this screen appears. You then enter all the applicant's information from the paer application. Select whether the application is Pending/approved/denied.

Figure 3.47 (Reciprocity Fund History)

Once the applicant's information is entered select the "record funds" button to enter the payment information received with the application. Click "Add"

-Next screenshot below-

SOD Tracker Search				-		×
Back to Main Menu						
Search						
		Enter:				
		· · · ·				_
Agency Code:	-or-	Agency Name:	(2 character	s reauir	ed)	
			,		,	
Event ID:	-10-	Event Name:				
		L	(2 character	s requir	ed)	
CLI or CIC Number:	-or-	Instructor Name:				
			(2 character	rs requi	red)	
		-				_
Sponsor Code:	-07-	Sponsor Name:	(2 character	roquire	vd)	
			iz characters	require	su)	
	Submit	Clear	Close			

Figure 4.01 (SOD Search)

Figure 4.02 (SOD Search)

SOD Tracker Search	-		\times
Back to Main Menu			
Search			
Enter SOD Record ID:or- Enter:			
Agency Code: -or- Agency Name: 2 character	s requir	ed)	
Event ID:or- Event Name:(2 character	s requir	ed)	
CLI or CIC Number: -or- Instructor Name: (2 character	s requir	red)	
Sponsor Code: -or- Sponsor Name: (2 characters	require	ed)	
Submit Clear Close			



Figure 4.03 (SOD Reports)





Search B	By:
	EMT Number: 405125
	-07-
	EMT Last Name:
	(2 characters required)
	-or- (2 characters required)
Socia	al Security Number:
	Search Clear Close
High	Search Clear Close
High Level:	Search Clear Close
High Level: Expires:	Search Clear Close mest Current Level Basic : 4/30/2020 Create Letter Mail Label Kecord Letter

Figure 5.01 (EMT Verification)

Figure 5.02 (EMT Verification Search)

Figure 5.03 (EMT Verification Report)