

Appendix D

Agency Medical Director Acknowledgement

Henry Ehrhardt, President
Glen Oaks Volunteer Ambulance Corps
257-02 Union Turnpike
Floral Park, NY, 11004

August 26, 2020

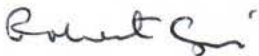
Re: GOVAC Expansion Application Proposal

Dear Mr. Ehrhardt,

As Medical Director of the Glen Oaks Volunteer Ambulance Corps (GOVAC), I acknowledge and support your agency's intent to expand its service area. I have been the Medical Director of GOVAC since 2015 during which time I have provided clinical oversight, quality improvement and continuing education for its prehospital care providers. In addition, I was instrumental in developing the agency's Advanced Life Support Services. If approved, it is my intention to continue serving as Medical Director for the proposed expanded service.

As you are aware, I also serve as Vice Chair, Regional Emergency Medical Services Council of NYC as well as being its representative to the New York State Emergency Medical Services Council. I also have a seat on the Regional Medical Advisory Committee of NYC and serve on the Quality and Safety Subcommittee. I am a strong proponent of EMS education and quality improvement. As the Medical Director of GOVAC, I will be fully committed to the quality of EMS services provided as a result of the expansion of your service area, if approved.

Sincerely,



Robert Crupi, MD
Medical Director
Glen Oaks Volunteer Ambulance Corps

Appendix E

Request for Application Endorsement

Solicitation List

Request for Application Endorsement

EMS Agencies Authorized to operate within the Proposed Expanded Area
and Adjacent Affected Volunteer EMS Organizations

Solicitation List

Ambulnz NY, LLC
Bay Community VAC
Chevra Hatzalah Volunteer Ambulance
Citywide Mobile Response
Emergency Ambulance Service
Assist Ambulance
Flushing Community VAC
Flushing Hospital Medical Center EMS
Hunter Ambulance Inc.
Hunter EMS, Inc
Midwood Ambulance
InstaCare1 LLC
Jamaica Estate VAC
Jamaica Hospital Medical Center EMS
Lifeline Ambulance Service
Little Neck-Douglaston Community Ambulance Corps
Maimonides Medical Center - Ambulance Dept
MediSys Ambulance Service Inc.
Mount Sinai Hospital EMS
New York City Fire Department EMS
New York Presbyterian Queens EMS
New York-Presbyterian EMS
North Shore Ambulance & Oxygen Service Inc.
North Shore University Hospital EMS

NYPD ESU
NYU Langone Hospitals
Priority One Ambulance, Inc.
Richmond County Ambulance Service, Inc
Senior Care EMS
Whitestone Community VAS
ALS Services
Chair, Emergency Medicine, North Shore University Hospital
Chair, Emergency Medicine, New York Presbyterian Queens
Chair, Emergency Medicine, Long Island Jewish Medical Center
Commanding Officer, NYPD 111 Police Precinct
Corey Johnson, Speaker of the New York City Council
Councilman Barry Grodenchik - District #23
Councilman Paul Vellone - District #24
Assemblyman Edward Braunstein - District #26
Senator John Liu - District #11
Congresswoman Grace Meng - District #6
District Manager, Queens Community Board #11
Bayside Village BID
Bayside Business Association
Bayside Hills Civic Association

Appendix F

Application Endorsement Correspondence

USPS Mailing Receipts

7020 0090 0001 7913 0535

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

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

New York, NY 10001

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ 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

Sent To

Ambulanz NY
35 West 35th Street
New York, NY 10001

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 0090 0001 7913 0511

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

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

Brooklyn, NY 11230

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ 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

Sent To

ALS Services
1070 McDonald Ave
Brooklyn, NY 11230

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 0090 0001 7913 0542

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

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

Bayside, NY 11361

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ 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

Sent To

Bay Community VAC
PO Box 610540
Bayside, NY 11361

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 0090 0001 7913 0696

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

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

Brooklyn, NY 11236

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ 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

Sent To

Assist Ambulance
640 Remsen Ave
Brooklyn, NY 11236

PS Form 3800, April 2015 PSN 7530-02-000-9047

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7020 0090 0001 7913 0634

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

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

Bronx, NY 10461

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ 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

Sent To

Citywide Mobile Response
1624 Stillwell Ave
Bronx, NY 10461

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 0090 0001 7913 2515

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

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

Brooklyn, NY 11230

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ 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

Sent To

Chebra Hatzalah Vol. Ambulance
1270 McDonald Ave
Brooklyn, NY 11230

PS Form 3800, April 2015 PSN 7530-02-000-9047

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7202 0090 0001 7913 0726

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

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

Flushing, NY 11358

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.55

Total Postage and Fees \$6.95

Sent To

Flushing Community VAC
PO Box 580339
Flushing, NY 11358

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

0006
04Postmark
Here

08/17/2020

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

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

Bohemia, NY 11716

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.55

Total Postage and Fees \$6.95

Sent To

Emergency Ambulance Service
1565 Ocean Ave
Bohemia, NY 11716

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

0023
26Postmark
Here

08/15/2020

7202 0090 0001 7913 0771

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

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Bronx, NY 10459

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.55

Total Postage and Fees \$6.95

Sent To

Hunter Ambulance
1028 Freeman St
Bronx, NY 10459

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

0023
26Postmark
Here

08/15/2020

7202 0090 0001 7913 0733

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

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

Flushing, NY 11355

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.55

Total Postage and Fees \$6.95

Sent To

Flushing Hospital EMS
45 Ave at Parsons Blvd
Flushing, NY 11355

PS Form 3800, April 2015 PSN 7530-02-000-9047

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0023
26Postmark
Here

08/15/2020

7202 0090 0001 7913 0801

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

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

Brooklyn, NY 11218

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.55

Total Postage and Fees \$6.95

Sent To

Insta Cave LLC
1416 38 St
Brooklyn, NY 11218

PS Form 3800, April 2015 PSN 7530-02-000-9047

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

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Bay Shore, NY 11706

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.55

Total Postage and Fees \$6.95

Sent To

Hunter EMS
299 Feldman Ct.
Bay Shore, NY 11706

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Richmond Hill, NY 11418

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 \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

Sent To

Jamaica Hospital Med Ctr Emg
Street and Apt. No., or PO Box No.
8900 Van Wyck Expy
City, State, ZIP+4®
Jamaica, NY 11418

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Oakland Gardens, NY 11364

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 \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

Sent To

Jamaica Estates VAC
Street and Apt. No., or PO Box No.
Po Box 64 0181
City, State, ZIP+4®
Bayside, NY 11364

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Little Neck, NY 11363

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 \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

Sent To

Little Neck Douglaston Community
Street and Apt. No., or PO Box No.
42-18 Marathon Ave
City, State, ZIP+4®
Little Neck, NY 11363

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Brooklyn, NY 11223

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 \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

Sent To

Lifeline Ambulance Svc.
Street and Apt. No., or PO Box No.
3593 W 13 St.
City, State, ZIP+4®
Brooklyn, NY 11223

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

Richmond Hill, NY 11418

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 \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

Sent To

Medi-Sus Ambulance Svc
Street and Apt. No., or PO Box No.
8900 Van Wyck Expy
City, State, ZIP+4®
Jamaica, NY 11418

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Brooklyn, NY 11219

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 \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

Sent To

Daimonides Medical Center Emg
Street and Apt. No., or PO Box No.
4802 Tenth Ave
City, State, ZIP+4®
Brooklyn, NY 11219

PS Form 3800, April 2015 PSN 7530-02-000-9047

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720 0090 0001 7913 0887

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

For delivery information, visit our website at www.usps.com®.
New York, NY 10019

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 \$0.00

Postage \$0.55
Total Postage and Fees \$6.95

Sent To Mount Sinai Hospital EMS
 Street and Apt. No., or PO Box No. 1000 Tenth Ave, Rm 66-01
 City, State, ZIP+4® New York, NY 10019

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

720 0090 0001 7913 0795

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For delivery information, visit our website at www.usps.com®.
Brooklyn, NY 11223

Certified Mail Fee \$2.55
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 \$0.00

Postage \$0.55
Total Postage and Fees \$6.95

Sent To Midwood Ambulance
 Street and Apt. No., or PO Box No. 2543 W 13 St
 City, State, ZIP+4® Brooklyn, NY 11223

PS Form 3800, April 2015 PSN 7530-02-000-9047

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720 0090 0001 7913 0900

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

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

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 \$0.00

Postage \$0.55
Total Postage and Fees \$6.95

Sent To NY Presbyterian Queens - EMS
 Street and Apt. No., or PO Box No. 625 East 68 Street Rm
 City, State, ZIP+4® New York, NY 10065

PS Form 3800, April 2015 PSN 7530-02-000-9047

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720 0090 0001 7913 0917

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

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

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 \$0.00

Postage \$0.55
Total Postage and Fees \$6.95

Sent To NY Presbyterian EMS
 Street and Apt. No., or PO Box No. 625 E. 68 Street, Rm M-101
 City, State, ZIP+4® New York, NY 10065

PS Form 3800, April 2015 PSN 7530-02-000-9047

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720 0090 0001 7913 0924

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

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

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 \$0.00

Postage \$0.55
Total Postage and Fees \$6.95

Sent To North Shore Ambulance & Oxygen
 Street and Apt. No., or PO Box No. 112-09 14 Ave
 City, State, ZIP+4® College Point, NY 11356

PS Form 3800, April 2015 PSN 7530-02-000-9047

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720 0090 0001 7913 2522

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

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

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 \$0.00

Postage \$0.55
Total Postage and Fees \$6.95

Sent To NYPD - ESU
 Street and Apt. No., or PO Box No. Edward Hall, 50 Floyd Bennet Field
 City, State, ZIP+4® Brooklyn, NY 11234

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 0090 0001 7913 0894

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Brooklyn, NY 11201

Official Use

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ 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 \$4.95

Sent To

NYC Fire Department EMS
9 Metro Tech 7th floor
City, State, ZIP+4®
Brooklyn, NY 11201

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 0090 0001 7913 0948

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Sosset, NY 11791

Official Use

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ 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 \$4.95

Sent To

North Shore University Hospital - EMS
15 Burke Lane
City, State, ZIP+4®
Sosset, NY 11791

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 0090 0001 7913 0979

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) \$2.85

☐ 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 \$4.95

Sent To

Priority One Ambulance
19 Granite Ave
City, State, ZIP+4®
Staten Island, NY 10303

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 0090 0001 7913 0955

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

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ 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 \$4.95

Sent To

NYU Langone Hospitals
150 5th Street
City, State, ZIP+4®
Brooklyn, NY 11220

PS Form 3800, April 2015 PSN 7530-02-000-9047

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7020 0090 0001 7913 1044

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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) \$2.85

☐ 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 \$4.95

Sent To

SeniorCare EMS
122 Havemeyer Ave
City, State, ZIP+4®
Bronx, NY 10473

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 0090 0001 7913 0993

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) \$2.85

☐ 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 \$4.95

Sent To

RCA Ambulance Svc
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

7200 0090 0001 7913 1181

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Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Sent To
Assemblyman Edward Brainerd
38-39 Bell Blvd #238
Bayside, NY 11361

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

OAKLAND GARDENS POST OFFICE NY 11364
AUG 15 2020
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08/15/2020

7200 0090 0001 7913 1099

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Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Sent To
Whitestone Community VAS
PO Box 579064
Whitestone, NY 11357

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

OAKLAND GARDENS POST OFFICE NY 11364
AUG 15 2020
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7200 0090 0001 7913 1280

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Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Sent To
Council Speaker Grey Johnson
City Hall
New York, NY 10007

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

OAKLAND GARDENS POST OFFICE NY 11364
AUG 15 2020
Postmark Here
08/15/2020

7200 0090 0001 7913 1204

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OFFICIAL USE

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Sent To
Congresswoman Grace Meng
40-13 154 St, Ste A
Flushing, NY 11358

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

OAKLAND GARDENS POST OFFICE NY 11364
AUG 15 2020
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08/15/2020

7200 0090 0001 7913 1174

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OFFICIAL USE

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Sent To
Councilman Paul Vallone
42-43 Bell Blvd
Bayside, NY 11361

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

OAKLAND GARDENS POST OFFICE NY 11364
AUG 15 2020
Postmark Here
08/15/2020

7200 0090 0001 7913 1167

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

OFFICIAL USE

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.95

Sent To
Councilman Barry Grodenchik
73-03 Bell Blvd
Bayside, NY 11364

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

OAKLAND GARDENS POST OFFICE NY 11364
AUG 15 2020
Postmark Here
08/15/2020

720 0090 0001 7913 1297

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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Manhasset, NY 11424

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ 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 \$4.95

Sent To

Sharon Lee - Acting Queens Borough President
120-55 Queens Blvd
Kew Gardens, NY 11424

PS Form 3800, April 2015 PSN 7530-02-000-6047

See Reverse for Instructions



720 0090 0001 7913 1150

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Little Neck, NY 11362

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ 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

Sent To

NYS Community Board #11 Queens
46-21 21st Ave Pkwy
Little Neck, NY 11362

PS Form 3800, April 2015 PSN 7530-02-000-6047

See Reverse for Instructions



720 0090 0001 7913 1143

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

New York, NY 10024

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ 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

Sent To

Emergency Medicine
Long Island Jewish Medical Center
270-95 76 Ave
New Hyde Park, NY 11042

PS Form 3800, April 2015 PSN 7530-02-000-6047

See Reverse for Instructions



720 0090 0001 7913 1198

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Domestic Mail Only

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

Bayside, NY 11361

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ 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

Sent To

Shahar Jia Lu
38-50 Bell Blvd, Ste C
Bayside, NY 11361

PS Form 3800, April 2015 PSN 7530-02-000-6047

See Reverse for Instructions



720 0090 0001 7913 1112

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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

Manhasset, NY 11030

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ 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

Sent To

Emergency Medicine, North Shore
330 Community Dr
Manhasset, NY 11030

PS Form 3800, April 2015 PSN 7530-02-000-6047

See Reverse for Instructions



720 0090 0001 7913 1129

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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

Flushing, NY 11355

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ 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

Sent To

Emergency Medicine, NY Presbyterian
56-45 Main St
Flushing, NY 11355

PS Form 3800, April 2015 PSN 7530-02-000-6047

See Reverse for Instructions



7020 0090 0001 7913 1266

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Baysider NY 11361

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 \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

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Postmark
Here
08/17/2020

Sent To
C.O. - NYPD 111 Precinct
Street and Apt. No., or PO Box No.
45-06 215 St.
City, State, ZIP+4[®]
Bayside, NY 11361

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

7020 0090 0001 7913 1211

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Baysider NY 11361

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 \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

0023
26
Postmark
Here
AUG 15 2020
08/15/2020

Sent To
Bayside Village Bld
Street and Apt. No., or PO Box No.
213-33 39 Ave Ste 310
City, State, ZIP+4[®]
Bayside, NY 11361

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

Appendix G

NYS DOH Application for EMS Service

(DOH #3777)

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		
Glen Oaks Volunteer Ambulance Corps, Inc.	7380	23-7336330		
Address	City	State	Zip	County
257-02 Union Turnpike	Floral Park	NY	11004	Queens
Contact Person	Title			
Henry Ehrhardt	President			
Business Phone	Home Phone	Cell Phone	E-mail	
(718) 347- 1637			president@glenoaksvac.org	
Current Organizational Sponsor Type				
<input type="checkbox"/> Proprietary	<input type="checkbox"/> Hospital Based	<input checked="" type="checkbox"/> Volunteer Independent	<input type="checkbox"/> Industrial	
<input type="checkbox"/> Volunteer Fire Department	<input type="checkbox"/> Municipal/Government	<input type="checkbox"/> Other		
Type of Ownership				
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Government	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> 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

Queens County Communities within Community Board #11 as follows:
Bayside and Oakland Gardens (addition to existing).

For expansion list existing primary operating territory

Queens County Communities within Community Board #11 and #13, as follows:
Bellerose, Floral Park, Glen Oaks, New Hyde Park, Oakland Gardens

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			
McNeil and Company			
Agent	Business Phone		
Robert Barber	(607) 428 - 2122		
Types and Limits of Coverage	<input checked="" type="checkbox"/> General Liability	<input checked="" type="checkbox"/> Other	
	\$10,000,00.00	General Medical	\$50,000.00

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

Robert Crupi

Agency Providing Medical Control

Phone Number

Maimonides Medical Center

4802 10th Ave., Brooklyn, NY 11219

(718) 283 - 7222

System Medical Director

Address

City

State

Phone Number

Josef Schenker

475 Riverside Drive, 12th Fl New York

NY

(212) 870 - 2118

Size of Population to be Served

Days of operation

Hours of operation

75,000

7

24 hours

Projected Call Volume

Total 850

Emergency 800

Non-Emergency 50

Source of Statistics for Call volume

☐ PCR☐ Dispatch Center☐ Agency Call Record☒ Other Area Demographics and Existing Volume

Total no. of ambulances

Total no. of emergency ambulance service vehicles (EASV'S)

Total no. of ALS First Response vehicles

3

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

Title

Henry Ehrhardt

President

Signature

Date

09/09/2020

Notary Public affirmation and acknowledgement

FOR REGIONAL EMS COUNCIL USE ONLY

Date Application Received

Date of Council Decision

☐ Approved ☐ Denied ☐ Rejected - Incomplete

Council Chair Signature

Appendix H

NYS DOH Competency and Fitness

(DOH #3778)

Agency Board of Directors

NYS DOH Competency and Fitness Forms Submitted For:

(DOH #3778)

Agency Board of Directors

Henry Ehrhardt	President
Richard Keller	First Vice president
Ernest D'Ambrose IV	Second Vice President
Jenson John	Recording Secretary
Travis Kessel	Corresponding Secretary
Dave Meketansky	Treasurer, Chairperson
Nancy Ehrhardt	Assistant Treasurer

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.

Glen Oaks Volunteer Ambulance Corps, Inc.

7380

Name of EMS Agency

NYS EMS Agency Code

Glen Oaks Volunteer Ambulance Corps, Inc.

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

Henry Ehrhardt

President

Full Name of Individual

Title

257-02 Union Turnpike, Floral Park, NY 11004

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

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.

→ 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.

Henry Ehrhardt

Full Name

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.

Henry Ehrhardt

Full Name

Signature

Date

Notary Public Affirmation and Acknowledgement

Notary Public Name

Signature

Date

Please affix Notary Public Stamp or equivalent.

CAROL VENDITTI
Notary Public, State of New York
No. 4906129
Qualified in Nassau County
Commission Expires 4/16/22

New York State Department of Health
EMT Certification - Search Results Screen
EMT Detail Information Screen
EMT: EHRHARDT , HENRY A

[Print Page](#)[RETURN](#)

EMT Number		
Last Name	First Name	Middle Initial
City	State	Zip
County		
Status Description	Certification Expiration Date	Exam Level
EHRHARDT	HENRY	A
	NY	
QUEENS		
Status OK	10/31/2023	Emergency Medical Technician (EMT)
Status OK	09/30/2020	Emergency Medical Technician (EMT)

[RETURN](#)

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.

Glen Oaks Volunteer Ambulance Corps, Inc.	7380
Name of EMS Agency	NYS EMS Agency Code
Glen Oaks Volunteer Ambulance Corps, Inc.	
Full Name of Corporate Entity requiring F&C review as a new owner/operator	
Richard Keller	1st Vice President
Full Name of Individual	Title
257-02 Union Tpk, floral Park, NY 11004	
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.

→ 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.

RICHARD KELLER

Full Name

Richard Keller

Signature

Date

9/8/20

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.

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.

RICHARD KELLER

Full Name

Richard Keller

Signature

Date

9/8/20

Notary Public Affirmation and Acknowledgement

Notary Public Name

Signature

Carol Venditti

CAROL VENDITTI
Notary Public, State of New York
No. 4586123
Qualified in Nassau County
Commission Expires 4/16/22

Date

9/8/20

Please affix Notary Public Stamp or equivalent.

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.

Glen Oaks Volunteer Ambulance Corps, Inc.

07380

Name of EMS Agency

NYS EMS Agency Code

Glen Oaks Volunteer Ambulance Corps, Inc.

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

Ernest D'Ambrose IV

Second Vice President

Full Name of Individual

Title

257-02 Union Turnpike, Floral Park, NY 11004

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

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.

→ 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.

Ernest D'Ambrose IV

Full Name

Signature

Date

9/10/20

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.

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.

Ernest D'Ambrose

Full Name

Signature

Date

9/10/20

Notary Public Affirmation and Acknowledgement

Notary Public Name

Signature

Date

9/10/20

Please affix Notary Public Stamp or equivalent.

CAROL VENDITTI
Notary Public, State of New York
No. 496123
Qualified in Nassau County
Commission Expires 4/16/22

**New York State Department of Health
EMT Certification - Search Results Screen
EMT Detail Information Screen
EMT: DAMBROSE , ERNEST W**

[Print Page](#)[RETURN](#)

EMT Number		
Last Name	First Name	Middle Initial
City	State	Zip
County		
Status Description	Certification Expiration Date	Exam Level
DAMBROSE	ERNEST	W
	NY	
QUEENS		
Status OK	06/30/2023	Emergency Medical Technician (EMT)

[RETURN](#)

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.

Glen Oaks Volunteer Ambulance Corps, Inc.	7380
Name of EMS Agency	NYS EMS Agency Code
Glen Oaks Volunteer Ambulance Corps, Inc.	
Full Name of Corporate Entity requiring F&C review as a new owner/operator	
Jenson John	Recording Secretary
Full Name of Individual	Title
257-02 Union Turnpike, Floral Park, NY 11004	
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

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Home or residence licensed by NYS or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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.

Jenson M. John

Full Name

Signature

Date

08/28/2020

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.

Jenson M. John

Full Name

Signature

Date

08/28/2020

Notary Public Affirmation and Acknowledgement

Notary Public Name

JOSEPH V. THOMAS
Notary Public, State of New York
No. 01TH5002148

Signature

Qualified in Queens County
Commission Expires Sept. 21, 2022

Date

08/28/2020

Please affix Notary Public Stamp or equivalent.

**New York State Department of Health
EMT Certification - Search Results Screen
EMT Detail Information Screen
EMT: JOHN , JENSON M**

[Print Page](#)[RETURN](#)

EMT Number		
Last Name	First Name	Middle Initial
City	State	Zip
County		
Status Description	Certification Expiration Date	Exam Level
[REDACTED]		
JOHN	JENSON	M
[REDACTED]	NY	[REDACTED]
QUEENS		
Status OK	01/31/2024	Emergency Medical Technician (EMT)
[REDACTED]		
Status OK	01/31/2021	Emergency Medical Technician (EMT)

[RETURN](#)

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.

GLEN OAKS VOLUNTEER AMBULANCE CORPS, INC

7380

Name of EMS Agency

NYS EMS Agency Code

GLEN OAKS VOLUNTEER AMBULANCE CORPS, INC

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

Full Name of Individual

Travis Taylor Kessel

Title

Corresponding Secretary

25702 UNION TURNPIKE, FLORAL PARK, NY 11004

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

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.

→ 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.

Full Name Travis Taylor Kessel
Signature [Signature] Date 09/04/2020

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.

Full Name Travis Taylor Kessel
Signature [Signature] Date 09/04/2020

Notary Public Affirmation and Acknowledgement

Notary Public Name Carol Venditti
Signature [Signature] Date 9/4/20

Please affix Notary Public Stamp or equivalent.

CAROL VENDITTI
Notary Public, State of New York
No. 4305123
Qualified in Nassau County
Commission Expires 4/10/22

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

[Print Page](#)

EMT Number		
Last Name	First Name	Middle Initial
City	State	Zip
County		
Status Description	Certification Expiration Date	Exam Level
[REDACTED]		
KESSEL	TRAVIS	T
[REDACTED]	NY	[REDACTED]
QUEENS		
Status OK	06/30/2023	Emergency Medical Technician-Paramedic (EMT-P)
[REDACTED]		
Status OK	05/31/2021	Emergency Medical Technician (EMT)

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.

GLEN OAKS VOLUNTEER AMBULANCE CORPS, INC

7380

Name of EMS Agency

NYS EMS Agency Code

GLEN OAKS VOLUNTEER AMBULANCE CORPS, INC

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

DAVID MEKETANSKY

TREASURER

Full Name of Individual

Title

25702 UNION TURNPIKE, FLORAL PARK, NY 11004

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

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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→ 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

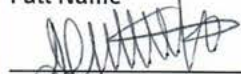
By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

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.

DAVID MEKETANSKY

Full Name



Signature

08/28/2020

Date

Certification of Fitness

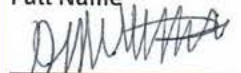
By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

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.

DAVID MEKETANSKY

Full Name



Signature

08/28/2020

Date

Notary Public Affirmation and Acknowledgement

Payal P Patel

Notary Public Name



Signature

08/28/2020

Date

PAYAL P PATEL
NOTARY PUBLIC-STATE OF NEW YORK
No. 01PA6402875
Qualified in Queens County
My Commission Expires 01-13-2024

Please affix Notary Public Stamp or equivalent.

**New York State Department of Health
EMT Certification - Search Results Screen
EMT Detail Information Screen
EMT: MEKETANSKY , DAVID**

[Print Page](#)[RETURN](#)

EMT Number		
Last Name	First Name	Middle Initial
City	State	Zip
County		
Status Description	Certification Expiration Date	Exam Level
[REDACTED]		
MEKETANSKY	DAVID	
[REDACTED]	NY	[REDACTED]
QUEENS		
Status OK	09/30/2023	Emergency Medical Technician (EMT)
[REDACTED]		
Status OK	09/30/2020	Emergency Medical Technician (EMT)

[RETURN](#)

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.

GLEN OAKS VOLUNTEER AMBULANCE CORPS, INC

7380

Name of EMS Agency

NYS EMS Agency Code

GLEN OAKS VOLUNTEER AMBULANCE CORPS, INC

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

Nancy Ehrhardt

Assistant Treasurer

Full Name of Individual

Title

25702 UNION TURNPIKE, FLORAL PARK, NY 11004

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

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

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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.

Nancy Ehrhardt

Full Name

Nancy Ehrhardt

Signature

Sept 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.

Nancy Ehrhardt

Full Name

Nancy Ehrhardt

Signature

Sept 2, 2020

Date

Notary Public Affirmation and Acknowledgement

Carol Venditti

Notary Public Name

Carol Venditti

Signature

9/2/20

Date

Please affix Notary Public Stamp or equivalent.

CAROL VENDITTI
Notary Public, State of New York
No. 4805123
Qualified in Nassau County
Commission Expires 4/16/22

New York State Department of Health
EMT Certification - Search Results Screen
EMT Detail Information Screen
EMT: EHRHARDT , NANCY A

[Print Page](#)[RETURN](#)

EMT Number		
Last Name	First Name	Middle Initial
City	State	Zip
County		
Status Description	Certification Expiration Date	Exam Level
EHRHARDT	NANCY	A
	NY	
QUEENS		
Status OK	01/31/2023	Emergency Medical Technician (EMT)

[RETURN](#)

Appendix I

Agency Biographies

Board of Directors

Board of Directors Biographies

September 2020

Henry Ehrhardt President

Mr. Ehrhardt has been a member of the organization since 2000, is currently certified as an EMT, and functions as the President/Chief Executive since 2016.

Henry graduated Queens College - CUNY with a bachelor's degree in Economics and is currently employed as the Director of the Bureau of Community Affairs, NYC Department of Sanitation (DSNY). Mr. Ehrhardt has served in this bureau since 1991. Prior to joining DSNY, Mr. Ehrhardt was employed by the NYC Office of the Mayor from 1982-1991, holding various positions that interacted with Community and Agency representatives.

Mr. Ehrhardt has also served as a representative on the Regional Emergency Medical Services Council of NYC, representative and Chair of SEMSCO and is currently the President of the New York State Volunteer Ambulance and Rescue Association. Mr. Ehrhardt, who grew up in Queens, is also a Life Member of the Ridgewood VAC.

Richard Keller First Vice President

Richard, Keller, First Vice President, grew up in Jamaica Estates, New York and has been a dedicated member of the Glen Oaks Volunteer Ambulance Corps for over 30 years. Mr. Keller has held various positions within the organization including, First Vice president, Chairman of the Board, Chairman of the Constitution and By Laws, Election, Grievance and Building Maintenance committees. Mr. Keller has been working in the health and science field, including independent research groups, as a Director for the Diocese of Brooklyn and Queens in administration and as a consultant and independent contractor.

Ernest D'Ambrose IV
Second Vice President

Mr. D'Ambrose has been a member of the organization since 2007. He first joined as a Youth Squad member and then transitioned to the Adult squad. Ernest is an EMT and has held various positions within the organization. Ernest currently serves as its Second Vice President. Mr. D'Ambrose holds a bachelor's in psychology, with a minor in Chemistry. He also has a MBA in Health Systems Management and Innovation. Ernest is currently employed by Northwell Health as a Program Manager, Clinical Transformation since 2017 and Project Manager from August 2015-2017

Jenson John
Recording Secretary

Jenson John has served as the Recording Secretary of the Glen Oaks Volunteer Ambulance Corps since January of 2020. Jenson was born and raised in the Queens section of New Hyde Park. Jenson's involvement in EMS began when he joined the Glen Oaks VAC as a youth member in 2013. Since joining he has served in various roles and capacities including as Captain of the youth organization, patient-care provider, and in various administrative roles. Jenson graduated from Benjamin N. Cardozo High School in 2016 as a graduate of the DaVinci Science and Math Program. Jenson went on to complete his undergraduate education at the New York Institute of Technology in Old Westbury, New York. Jenson graduated with a Bachelor of Science (B.S.) in Life Sciences in June of 2020. Jenson is currently a full-time graduate student at the New York Institute of Technology College of Osteopathic Medicine and is pursuing a Doctor of Osteopathic Medicine (D.O.) degree. Jenson is an engaged member of the organization and hopes to see the organization continue to grow, and continue to be an integral part of the community it serves.

Travis Kessel
Corresponding Secretary

Travis Kessel, Corresponding Secretary, has been a member of the Glen Oaks Volunteer Ambulance Corps for 14 years. Born and raised in Bayside, Travis started with the Youth Explorer Program at the Ambulance Corps and then continued his service in the adult corps. Travis has served on many different committees within the agencies and has served on the board of directors in 3 different roles over the last 10 years. Travis works full-time as a paramedic for the FDNY and part time as an EMS instructor.

David Meketansky
Treasurer
Chairman, Board of Directors

David Meketansky, Treasurer, grew up in Oakland Gardens, NY and has been a member at Glen Oaks Volunteer Ambulance Corps for 9 years and has served on several committees as well as Treasurer for the past 6 years. He attended New York University and has worked in Athletic Training prior to joining Glen Oaks VAC. His full-time employment is producing videos and developing marketing plans for nonprofit organizations.

Nancy Ehrhardt
Assistant Treasurer

Nancy Ehrhardt has been an active member of the Glen Oaks VAC since 1987. She is an active EMT, since 1990 and currently serves on the Board of Directors as the Assistant Treasurer. Mrs. Ehrhardt has served as Chair of many committees during her tenure, as well as serving on previous Boards as the Recording Secretary, Second Vice president and Treasurer. Mrs. Ehrhardt holds a bachelor's degree from Pratt Institute (1990) as a civil engineer and has been employed by the NYC Department of Environmental Protection since 1993. Nancy has always been a Queens resident and prior to moving into the Glen oaks' service area, was a member of the Woodhaven-Richmond Hill VAC in 1986.