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.

CHAUTAUQUA COUNTY EMS		AUQUA COUNTY EMS	6267	
Name of EMS Agency		EMS Agency	NYS EMS Agency Code	
CO	UNT	Y OF CHAUTAUQUA		
Full	Nam	e of Corporate Entity requiring F&C review as a new owner/operator		
Joh	ın C.	Griffith	Emergency Services Director	
Full	Nam	e of Individual	Title	
Su	ite A,	Room 106. 2 Academy St. Mayville, NY 14757		
Add	ress o	of the Individual or Corporate Entity requiring F&C review as a new owner/operator		
			02/14/1958	
Soc	ial Se	curity Number (this is not releasable under the provisions of FOIL)	Date of Birth	
		Emergency Medical Service certified by the NVS Department of Health or equivalent	nt in any other state	
YES	NO			
	므	Emergency Medical Service certified by the NYS Department of Health, or equivaler	•	
	☑	Hospital, long term care facility or other Article 28 facility licensed by the NYS Depa other state.	artment of Health, or equivalent in an	
	7	Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.		
	Ø	Home or residence licensed by NYS or equivalent in any other state.		
	<b>✓</b>	and the second of the second o		
	Ļ	Halfway house, hostel or residential facility or institution licensed by, or subject to t Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMR		
			DD), or equivalent in any other state. erating an entity identified in NYS	

- - · 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.

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.

John C. Griffith	
Full Name	
Signature	Date
Certification of Fitness	
By completing and signing this affirmation, I certify that I have not be manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sal charge relating to any of these offenses.	
Further, I certify that, I am not, or was not subject to a state or federal patient harm, including, but not limited to actions involving Medicare	administrative order relating to fraud, embezzlement or and or Medicaid.
If you are unable to sign this affirmation, attach copies of all backgro assist in the review and determination of fitness.	und information, Department orders and/or justification to
John C. Griffith	
Full Name	
	17 Ang 2020
Signature	Date
Notary Public Affirmation and Acknowledgeme	ent
Rebeach L. Luba	
Notary Public Name	
Company Lina	8/17/2020
Signature	Date
EBECCA L. LUBA # 01LU6304493	

Please affix Notary Public Stamp or equivalent.

NOTARY PUBLIC, STATE OF NEW YORK QUALIFIED IN CHAUTAUQUA COUNTY

MY COMMISSION EXP. MAY 27, 20

CUNCIFIED IN CHAUTAGRAN COURTY MOTARY PUBLIC, STATE OF NEW YORK REBERCA L. LUBA # 01110304493

MY COMMISSION EXP. NAV ZZ



# Chautauqua County Office of Emergency Services

2 Academy Street, Suite A, Room 106 Mayville, NY 14757

Phone: (716)753-4341 • Fax: (716) 753-4363

Paul M. Wendel Jr.
County Executive

John C. Griffith

Director

### Attachment to DOH-3778 John Griffith

2/4/2020

My address is 3659 Dean School Rd. Falconer, NY 14733. I have resided at this address since 1999.

John C. Griffith

**Emergency Services Director** 



# Chautauqua County Office of Emergency Services

2 Academy Street, Suite A, Room 106 Mayville, NY 14757 Phone: (716)753-4341 • Fax: (716) 753-4363 Paul M. Wendel Jr.

County Executive

John C. Griffith
Director

### Attachment to DOH-3778 John Griffith

2/4/2020
Chautauqua County EMS
Agency Code – 1078, 6267
2 Academy St., Suite A, Room 106, Mayville, NY 14757
Certified by New York State Department of Health, Bureau of EMS
John C. Griffith, Emergency Services Director. 10/1/2017 to present.

John C. Griffith

**Emergency Services Director** 

# JOHN C. GRIFFITH

### 3659 Dean School Road Falconer, NY 14733 716.499.3113

jcgriffith1958@gmail.com

EDUCATION 1982 Jamestown Community College, Jamestown, New York Associates Degree, Business Administration 1976 Falconer Central School, Falconer, New York **High School Diploma** PROFESSIONAL EXPERIENCE Director of Emergency Services and Fire Coordinator for Chautauqua County 2017-Present Work with the 42 Fire Departments in Chautauqua County Serve as the Regional Fire Administrator for Chautauqua County Work with NYS DHSES and other NYS and Federal agencies Oversees all EMS operations by Chautauqua County Emergency Medical Services (CCEMS) Oversees all the Chautauqua County Office of Emergency Services Special Teams HazMat Water Emergency Team (WET) **Technical Rescue Team** Fire Police Team Critical Incident Stress Management (CISM) 2012-2017 4th Battalion Coordinator, Chautauqua County Emergency Services Work with 10 Fire Departments in the 4th Battalion of the Chautauqua County Fire Service Respond to all fire or emergency medical calls involving three or more fire departments in the 4th Battalion **Certified Emergency Medical Technician** Zahm and Matson, Inc. Falconer, NY Co-Owner, After Market Manger 1994-2013 Supervise and oversee employees Interact and assist customers with various needs including: sales, parts or service, and financing Network with local and national companies Serve as the President of the Chautauqua County Farm Equipment Dealers Association Manage a budget of over \$80,000,000 and oversee seven John Deere dealerships in Western NY and Northwestern PA **Ellington Town Supervisor** 1992-1999 Prepared and Managed Town Budget Supervised town officials Conducted and oversaw town board meetings COMMUNITY AND VOLUNTEER EXPERIENCE 1982-Present **Ellington Volunteer Fire Department Positions Held** First Assistant Chief, 2011 & 1989 Fire Chief, 1990 Second Assistant Chief, 1988 Third Assistant Chief, 1986 President, 1985 Secretary, 1984 Truck Captain, 1982 Emergency Medical Technician, 1982-Present

#### Memberships

- Chautauqua County Fire Advisory Board
- Chautauqua County Fire Chief's Association
- Chautauqua County Sherriff's Advisory Board in 2010
- Board of Directors, Jamestown YMCA 2008-2012
- Past member of Board of Directors, WCA Services Corporation
- Chautauqua County Cooperative Extension, Treasure, 2007-2011
- Chautauqua County Supervisors Association, President, 1997

### **Social Memberships**

- Ellington Rod and Gun, Past Secretary
- Ingjald Lodge 65 Independent Order of Vikings
- Norden Club of Jamestown
- Sportsman Club Of Lake Chautauqua
- Fredonia Beaver Club
- Loyal Order of Moose, Lodge 2301, Falconer, NY
- War Vet Rec., Jamestown, NY
- Ross Grange 305, Falconer, NY



# Chautauqua County EMS

2 Academy Street, Suite A, Room 106 Mayville, NY 14757

Phone: 716-753-4341 Fax: 716-753-4363

Paul M. Wendel Jr.
County Executive

John C. Griffith Director. Emergency Services

### Attachment to DOH-3778 - John C. Griffith

Mr. Griffith did not sign the Competency section of Form 3778. This is due to a Statement of Deficiency that was issues for agency 6267 NYS DOH-BEMS in February 2020. A Provider's Plan of Correction was filed with NYS DOH-BEMS and the Statement of Deficiency has been received by them.

Timothy L. Carlson

Chautauqua County EMS

Supervisor and Senior Paramedic

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ORAR, TMAY

Howard A Zucker, M.D., J.D., K. B. 2015 St. F. Lee'Bums
Commissioner of Health - - Dhedcor Commissioner of Health

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CHAUTAUQUA COUNTY EMS		NUQUA COUNTY EMS	6267
Name of EMS Agency			NYS EMS Agency Code
COU	NT	Y OF CHAUTAUQUA	
Full N	lame	e of Corporate Entity requiring F&C review as a new owner/operator	_
John	C.	Griffith	Emergency Services Director
Full N	lame	e of Individual	Title
Suite	A,	Room 106. 2 Academy St. Mayville, NY 14757	
Addre	ess o	f the Individual or Corporate Entity requiring F&C review as a new owner/operator	
			02/14/1958
Socia	l Sec	curity Number (this is not releasable under the provisions of FOIL)	Date of Birth
		Emergency Medical Service certified by the NYS Department of Health, or equivalent Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent Hospital, long term care facility or other Article 28 facility licensed by the NYS Department Hospital H	·
	Ø	Invalid coach (Ambulette) Service authorized by the NYS Department of Transporta	tion or equivalent in any other state.
	Ø	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 Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD)  If NO has been marked for all of the above, it indicates that there is no history of operate Public Health Law: signing this affirmation is informational only and a testimony to the		Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMF	RDD), or equivalent in any other state. erating an entity identified in NYS
	f YE:	provided.	

- · 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.

John C. Griffith

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** Signature Notary Public - State of New York No. 01GA6258470 Qualified in Chautauqua County **Certification of Fitness** My Commission Expires 3/26/20\_ 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. John C. Griffith Full Name Signatur **Notary Public Affirmation and Acknowledgement** Notary Public Name 8/17/2020 Signature REBECCA L. LUBA # 01LU6304493

Please affix Notary Public Stamp or equivalent.

NOTARY PUBLIC, STATE OF NEW YORK OUALIFIED IN CHAUTAUQUA COUNTY

MY COMMISSION EXP. MAY 27, 2022

CHA	AUT/	AUQUA COUNTY EMS	6267
Nam	e of l	EMS Agency	NYS EMS Agency Code
COL	TNL	Y OF CHAUTAUQUA	an amilia this part to all distributes to y
Full	Nam	e of Corporate Entity requiring F&C review as a new owner/operator	
Pau	IM.	Wendel Jr.	COUNTY EXECUTIVE
Full	Nam	e of Individual	Title
3 N	. Erie	e St. Mayville, NY 14757	
Addı	ess c	of the Individual or Corporate Entity requiring F&C review as a new owner/o	perator
			10/2/20
Soci	al Se	curity Number (this is not releasable under the provisions of FOIL)	Date of Birth
		oposed new owner/operator of an EMS agency, I hereby certify that I am or	
Stoc	к пос	der, operator or operations manager of one or more of the following in the p	ast to years (Article 30 §3005[5]).
YES	NO		
1		Emergency Medical Service certified by the NYS Department of Health, or e	quivalent in any other state.
Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in other state.			IYS Department of Health, or equivalent in an
	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 su Health (OMH) or Office of Mental Retardation and Developmental Disability	□ • a. Series Series (1997) Assessment of the series was 100 meters to provide the series (1997).
	Ļ	If <b>NO</b> has been marked for all of the above, it indicates that there is no histor Public Health Law; signing this affirmation is informational only and a testing the state of the state o	
		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

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

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.

Paul M. Wendel Jr.	
Full Name	jetnivitat iz emekta
Signature	Date
00/6/01	812-84 (1303-
Certification of Fitness	
By completing and signing this affirmation, I certify that I have manslaughter, assault, sexual abuse, theft, robbery, drug abuse charge relating to any of these offenses.	not been convicted of any crime at anytime, involving murder, e, or sale of drugs, nor have I pleaded nolo contendere to a felony
Further, I certify that, I am not, or was not subject to a state or f patient harm, including, but not limited to actions involving Me	federal administrative order relating to fraud, embezzlement or edicare and or Medicaid.
If you are unable to sign this affirmation, attach copies of all b assist in the review and determination of fitness.	ackground information, Department orders and/or justification to
Paul M. Wendel Jr.	
Full Name Paul 2 - March	alay book
Signature	Date
Notary Public Affirmation and Acknowledge	gement
Amanda L. Gallagher	
Notary Public Name  And I Halku	2/24/2020
Signature	Date

Please affix Notary Public Stamp or equivalent.

AMANDA L. GALLAGHER
Notary Public - State of New York
No. 01GA6258470
Qualified in Chautauqua County
My Commission Expires 3/26/20



County Executive

# CHAUTAUQUA COUNTY OFFICE OF THE COUNTY EXECUTIVE

Gerace Office Building – 3 N. Erie St. – Mayville, NY 14757-1007 (716) 753-4211 – FAX (716) 753-4756 – wendelp@co.chautauqua.ny.us www.co.chautauqua.ny.us

### Attachment to DOH-3778 for Paul M. Wendel Jr.

Chautauqua County EMS
Agency Code – 1078
2 Academy St., Suite A, Room 106, Mayville, NY 14718
Certified by New York State Department of Health Bureau of EMS.
Paul M. Wendel, Jr., County Executive, CEO of Chautauqua County EMS

Paul M. Wendel, Jr.

Kau Tm/Mo

County Executive

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### BASIC LIFE SUPPORT

# BLS Provider



### PAUL WENDEL

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

04/14/2018

04/2020

Issue Date

Recommended Renewal Date

New York State Department of Health Bureau of Emergency Medical Services

Certificate No.: 215259

Expiration 6/30/2022

PAUL M. WENDEL JR

is hereby certified as an

EMT - BASIC

Howard A. Zucker, M.D., J.D.

Ryan P. Greenberg

Commissioner of Health

Director



# CHAUTAUQUA COUNTY OFFICE OF THE COUNTY EXECUTIVE

Gerace Office Building – 3 N. Erie St. – Mayville, NY 14757-1007 (716) 753-4211 – FAX (716) 753-4756 – <a href="www.co.chautauqua.ny.us">www.co.chautauqua.ny.us</a>

Address of Residence for Chautauqua County Executive Paul M. Wendel, Jr.:

20 Hern Avenue Lakewood, N.Y. 14750



# Chautauqua County EMS

2 Academy Street, Suite A, Room 106 Mayville, NY 14757 Phone: 716 753-4341 Fax: 716-753Paul M. Wendel Jr. County Executive

John C. Griffith Director, Emergency Services

### Attachment to DOH-3778 Paul M. Wendel Jr.

Mr. Wendel did not sign the Competency section of Form 3778. This is due to an infraction/violation given to the Chautauqua County Home, located at 10836 Temple Rd. Dunkirk, NY on 3/11/2011. This is a facility that was operated by Chautauqua County. All deficiencies were corrected.

Another inspection of the County Home during its sale to Vestra Care resulted in more deficiencies and a line. The inspection occurred on 11/3/2014. All deficiencies were corrected.

Attached are the reports from the State.

The Chautauqua County Home was sold to Vesta Care on 1/1/2015 and is now called Chautauqua Nursing and Rehab. Mr. Wendel was not the County Executive at this time, but is the CFO of the County and it was the owner during these infractions.

Timothy L. Carlson

Chautauqua County EMS

Supervisor and Senior Paramedic



PAUL M. WENDEL, JR. County Executive

# CHAUTAUQUA COUNTY OFFICE OF THE COUNTY EXECUTIVE

Gerace Office Building – 3 N. Erie St. – Mayville, NY 14757-1007 (716) 753-4211 – FAX (716) 753-4756 – <a href="wendelp@co.chautauqua.ny.us">www.co.chautauqua.ny.us</a>



Paul M. Wendel, Jr. Chautauqua County Executive

## Bio

Paul Michael Wendel, Jr. "PJ" was born in Kingston, Pennsylvania in 1970. He moved to Jamestown, New York in Chautauqua County in 1977. PJ attended Southwestern Central School, where he graduated in 1988. While at Southwestern, PJ was a four-year Varsity Letter winner in Wrestling and Track, and a three-year Varsity letter winner in Football. In his senior year, he captained all three teams he participated on.

Upon graduation, PJ entered SUNY Brockport in the fall of 1988, where he majored in Physical Education/Teacher Certification. PJ was a four-year Varsity letter winner in wrestling for the

nationally ranked Brockport Golden Eagles. A two-time NCAA qualifier and eventual All – American his senior year, he captained the team that finished with the schools fifth NCAA Division III National Championship. PJ graduated from SUNY Brockport with a Bachelor's of Science Degree in Physical Education.

While attending Brockport, PJ joined the Lakewood Volunteer Fire Department, where he continues to serves the village 31 years later. While a member of the fire department, he became an EMT in 1995, and he continues to maintain his EMT certification. During his 31 years as a volunteer Firefighter/EMT, he has held the ranks of Assistant Lieutenant, Lieutenant, Assistant Captain, and Assistant Chief. PJ has also been the Vice-President and President of the Lakewood Volunteer Fire Company, the business division of the fire department. In 2019, PJ was selected EMS Provider of the year, and in 2019 as well, he was inducted into the Brockport Athletic Hall of Fame.

PJ returned to Chautauqua County and began to substitute at Southwestern, Jamestown and Falconer school districts. PJ began his coaching career at Jamestown as an assistant for the wrestling team. In 1999, he was hired as a long term substitute in Girls Physical Education and Introduction to Computers at Fredonia Central School. In 2000, PJ was hired at Falconer Central School as a Boys Physical Education Teacher where he worked for the last 19 years.

In 2004, PJ received a Master's of Sport Studies with a concentration in Exercise Science from the United States Sports Academy in Daphne, Alabama. He also received a Master's of Education from Edinboro University of Pennsylvania, graduating Suma Cum Laude in Educational Leadership.

PJ began his career in local government when he was elected as a Trustee for the Village of Lakewood in 2007. He served the village for five years while serving his final two years as Deputy Mayor. While a Village Trustee, he also served on the Parks and Public Safety Committees.

In 2011, PJ began a run for County Legislator in what was then District 18, he was sworn in to the Legislature in 2012. During his eight years, PJ served on the Administrative Services Committee, Audit and Control Committee, and was a four-year chairman of the Public Safety Committee. He also was selected as Assistant Majority leader in 2014 then moving to the Majority leader in 2016. He was also unanimously elected as Chairman of the Legislature in 2018 and again in 2019. During his time on the legislature, PJ has been involved in the budget process, an integral proponent for the life-saving Chautauqua County Fly Car System, as well as a Co – Chair of the Community Justice Council, and a member of the EMS Council and Fire Advisory Board.

On January 3, 2020, PJ became the first Chautauqua County Executive to be appointed by the County Legislature, when he was selected to fill part of the remaining term of the former county executive.

As county executive, he is dedicated to serving the residents of Chautauqua County as he focuses on establishing a structurally balanced budget for county operations; promoting and preserving the health of our lakes and waterways; and increasing economic growth, workforce readiness, travel and tourism throughout the County.

PJ also has been an active member of the Chautauqua County Republican Party since 2007. He serves as the Chairman of the Town of Busti Republican Committee, where he has actively circulated petitions for the past eight years. PJ also has been an active member of the Candidate Support Committee, Chairman's Club, and County wide dinner committee.

Fi.

PJ lives in Lakewood with his wife of 18 years, Jennifer and their two children--Sydney 18, an exchange student in Prague, Czech Republic; and Bohdan, 13, an 8<sup>th</sup> grader at Southwestern.

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.

CHAUTAUQUA COUNTY EMS	6267	
Name of EMS Agency	NYS EMS Agency Code	
COUNTY OF CHAUTAUQUA		
Full Name of Corporate Entity requiring F&C review as a new owner/operator		
Paul M. Wendel Jr.	COUNTY EXECUTIVE	
Full Name of Individual	Title	
3 N. Erie St. Mayville, NY 14757		
Address of the Individual or Corporate Entity requiring F&C review as a new ow	ner/operator	
	10/2/20	
Social Security Number (this is not releasable under the provisions of FOIL)	Date of Birth	
Emergency Medical Service certified by the NYS Department of Healtl Hospital, long term care facility or other Article 28 facility licensed by		
other state.		
	Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.	
<del></del>		
Halfway house, hostel or residential facility or institution licensed by, Health (OMH) or Office of Mental Retardation and Developmental Dis	, or subject to the rules of the NYS Office of Mental abilities (OMRDD), or equivalent in any other state.	
If NO has been marked for all of the above, it indicates that there is no Public Health Law; signing this affirmation is informational only and provided.	o history of operating an entity identified in NYS a testimony to the accuracy of the information	
If YES has been marked for any of the above, on an attached page, please p	rovide 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

- Current resume or curriculum vitae
- vnuoO aupusiusion in beilleuO
   Copies of entrelated licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

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.

Paul M. Wendel Jr. **Full Name** Notary Public - State of New York No. 01GA6258470 Qualified in Chautauqua County My Commission Expires 3/26/20

### 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.

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Paul M. Wendel Jr. Full Name alay pool Signature

Notary Public Affirmation and Acknowledgement

Signature

Please affix Notary Public Stamp or equivalent.

AMANDA L. GALLAGHER Notary Public - State of New York No. 01GA6258470 Qualified in Chautaugua County My Commission Expires 3/26/20020

		leting this form, you are aware that the NYS Department of Health will be conducting determine fitness and competency in accordance with Article 30 of the NYS Public Ho	
СНА	UTA	AUQUA COUNTY EMS	6267
Name	of	EMS Agency	NYS EMS Agency Code
COU	NT'	Y OF CHAUTAUQUA	
Full N	lam	e of Corporate Entity requiring F&C review as a new owner/operator	
Paul	М.	Wendel Jr.	COUNTY EXECUTIVE
Full N	lam	e of Individual	Title
3 N.	Erie	e St. Mayville, NY 14757	
Addre	ess c	of the Individual or Corporate Entity requiring F&C review as a new owner/operator	
			10/a/20
Socia	l Se	curity Number (this is not releasable under the provisions of FOIL)	Date of Birth
YES	NO	der, operator or operations manager of one or more of the following in the past 10 y	
V	Ш	Emergency Medical Service certified by the NYS Department of Health, or equivale	2000 D. C.
1/2 m		Hospital, long term care facility or other Article 28 facility licensed by the NYS Depother state.	artment of Health, or equivalent in an
	1	Invalid coach (Ambulette) Service authorized by the NYS Department of Transporta	tion or equivalent in any other state.
	1	Home or residence licensed by NYS or equivalent in any other state.	
	<ul><li>✓</li><li>✓</li></ul>	Halfway house, hostel or residential facility or institution licensed by, or subject to Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMF	RDD), or equivalent in any other state.
	L.	If NO has been marked for all of the above, it indicates that there is no history of op Public Health Law; signing this affirmation is informational only and a testimony to provided.	
L, I	f YE	S has been marked for any of the above, on an attached page, please provide the foll	owing information for each:
→ I	f YE	S has been marked for any of the above, on an attached page, please provide the foll	owing 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
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   Copies of any related licenses and certifications
- · Listing of address of residence, or if less than 2 years, addresses of prior residences.

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.

Paul M. Wendel Jr. **Full Name** Signature Notary Public - State of New York No. 01GA6258470 Qualified in Chautauqua County My Commission Expires 3/26/20 6 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. Paul M. Wendel Jr. Full Name alory poor Notary Public Affirmation and Acknowledgement Notary Public Name

Please affix Notary Public Stamp or equivalent.

AMANDA L. GALLAGHER
Notary Public - State of New York
No. 01GA6258470
Qualified in Chautauqua County
My Commission Expires 3/26/20020