

AGENCY SIGN OFF

It is the responsibility of each Agency CME Manager to insure that all advanced level EMT's in their agency have completed their Semester and Annual requirements within the designated time frame. The Agency CME Manager must sign off in each EMT's CME booklet when they have been completed. Providers should be directed to the "REMAC Credentialing Manual" for any questions regarding this process, further assistance is available through the NCEMS Program Agency.

The CME manager for each agency shall notify the Program Agency immediately following each semester of the status of the Agency's advanced EMT's. There will be an automatic restriction of ALS privileges if the CME booklet is not completed and submitted to the CME Manager and NCEMS Program Agency within 10 days after the end of each semester. Direct notification of restriction of privileges will only be sent out by the Program Agency if the requirements were not met.

By signing below, the Agency CME Manager affirms that to the best of his/her knowledge, the EMT, whose name and certification number are written in the front of this booklet, has completed all of the requirements for the designated time periods.

Summary

	1st	2nd
	<u>Semester</u>	<u>Semester</u>

Diadactic Hours Completed

Scenarios Completed

FIRST SEMESTER COMPLETED

(CME Manager Signature)

Date _____

SECOND SEMESTER COMPLETED

(CME Manager Signature)

Date _____

**NORTH COUNTRY REMAC
ANNUAL CONTINUING EDUCATION RECORD**

2006

**JERRY CATTELANE, D.O.
MEDICAL DIRECTOR**



PARAMEDIC

EMT Name (Print)

EMT#

Primary Agency: _____

FIRST SEMESTER REQUIREMENTS

(Complete before April 30)

SCENARIO BASED SKILLS (Must be performed in classroom setting)

ADULT SCENARIO # _____ PEDIATRIC SCENARIO # _____

(write in number from scenario sheet)

EVALUATOR'S NAME (PRINT)

EMT#

EVALUATOR'S SIGNATURE

DATE

DIADACTIC HOURS

Topic: _____ Hours _____ ALS/BLS

Instructor Name Print

Instructor Signature

Date

Topic: _____ Hours _____ ALS/BLS

Instructor Name Print

Instructor Signature

Date

Topic: _____ Hours _____ ALS/BLS

Instructor Name Print

Instructor Signature

Date

Topic: _____ Hours _____ ALS/BLS

Instructor Name Print

Instructor Signature

Date

Topic: _____ Hours _____ ALS/BLS

Instructor Name Print

Instructor Signature

Date

SECOND SEMESTER REQUIREMENTS

(Complete before October 31)

SCENARIO BASED SKILLS (Must be performed in classroom setting)

ADULT SCENARIO # _____ PEDIATRIC SCENARIO # _____

(write in number from scenario sheet)

EVALUATOR'S NAME (PRINT)

EMT#

EVALUATOR'S SIGNATURE

DATE

DIADACTIC HOURS

Topic: _____ Hours _____ ALS/BLS

Instructor Name Print

Instructor Signature

Date

Topic: _____ Hours _____ ALS/BLS

Instructor Name Print

Instructor Signature

Date

Topic: _____ Hours _____ ALS/BLS

Instructor Name Print

Instructor Signature

Date

Topic: _____ Hours _____ ALS/BLS

Instructor Name Print

Instructor Signature

Date

Topic: _____ Hours _____ ALS/BLS

Instructor Name Print

Instructor Signature

Date