



North Country Regional Emergency Medical Advisory Committee

"Serving Jefferson, Lewis & St. Lawrence Counties"

www.fdrhpo.org/ems

North Country REMAC Continuing Medical Education Record

EMT Name: _____ EMT #: _____

Primary Agency: _____ Circle Level of Care: AEMT Critical Care Paramedic
EMT please use EMT skills sheet

Skills/ Didactic Time

- 1st Semester January 1 – June 30, 20 _____
Skills focus (Adult Medical, Pediatric Trauma)
- 2nd Semester July 1 – December 31, 20 _____
Skills focus (Adult Trauma, Pediatric Medical)

First Semester Skills– Must be completed using a scenario

- | | |
|--|----------------------------|
| Adult Medical | Pediatric Trauma |
| ___ IV (P, CC, AEMT) | ___ IO (P,CC, AEMT) |
| ___ Pacing (P, CC) | |
| ___ Cardiovert (P, CC) | ___ Intubation (Paramedic) |
| ___ Defib (P, CC) (AEMT use AED) | |
| ___ Med. Admin (P, CC, AEMT) | |
| ___ 12-Lead Acquisition (AEMT if approved) | |

Please check off skills completed.

Second Semester Skills– Must be completed using a scenario

- | | |
|--------------------------------------|-------------------------------|
| Adult Trauma | Pediatric Medical |
| ___ IO (P, CC) | ___ IV (P, CC) |
| ___ IV (AEMT only) | ___ Med. Admin. (P, CC, AEMT) |
| ___ ET (P, CC, AEMT) | ___ Defib (P, CC, AEMT) |
| ___ Chest Decompression (P, CC) | |
| ___ Surgical Airway (Paramedic only) | |

Please check off skills completed.

More than one scenario may be used to complete required skills
Please complete the skills as indicated for your level of care

Scenario's/Skills check off

Evaluators Name _____ Date: _____ CME Agency Code _____
(please print)

Evaluators Signature _____

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 on the top of this sheet, has completed all the requirements for the designated time periods. If CME Manager and Skill Evaluator are the same person they may use only their initials in the CME Manager Signature line. Use second sheet if more space is needed for didactic time. For more information please refer to the Provider Credentialing Manual at www.ncemsprogramagency.org and click on CME

CME Manager _____

(Record CME's online, form must be kept in the providers training file at primary agency)

North Country EMS Program Agency | 120 Washington Street, Suite 230, Watertown, NY 13601

Office: (315) 755-2020 ext. 56 · Fax: (315) 755-2022 | www.ncemsprogramagency.org



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- EMT Classes – The didactic time from an original or refresher EMT course at your level of care or above will satisfy your didactic requirements for any semester in which you are receiving instruction. The skill requirements from an original or refresher EMT course will satisfy your CME Scenario requirements for any semester in which you successfully complete the practical skills examination for the course.
- ACLS course - The skill requirements from an original or refresher ACLS course will satisfy your ADULT CME Scenario requirements for the semester in which you take the course. You must complete the Pediatric CME Scenario.
- PALS course - The skill requirements from an original or refresher PALS course will satisfy your PEDIATRIC CME Scenario requirements for the semester in which you take the course. You must complete the Adult CME Scenario.

Level Of Care	BLS Minimum Required Hours Per Year	ALS Minimum Required Hours Per Year	Total Hours Per Year
AEMT	5	5	10
EMT - Critical Care	10	10	20
EMT - Paramedic	12	12	24

(All hours may be ALS and may be obtained during the first semester for the year ending December 31st)

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

All Hours Obtained in the first semester (utilize additional sheet if necessary)

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