



**Application for Outside REMO CME Credit
- Annual TurnAround Requirements -**

To: REMO **Fax#:** (518) 708 - 6558 **Date:** _____
RE: Outside CME Credit **# of Pages:** ____ (including cover page)

Provider Name: _____

EMT#: **REMO ID#:**

Email: _____ **Contact Phone#:** _____

of CME Credits requested: _____

Conference & Event Location: _____

Other comments: _____

In order to obtain REMO Annual TurnAround document credit for CMEs obtained outside of the region (such as Vitals Signs, EMS Today, EMS Expo or other CECBEMS approved CME), the Certificates must be submitted with this cover page within 30 days of attendance.

REMO OFFICE USE ONLY:

Date Received: _____

Approved?

YES: Date processed in remo-als.com: _____

REMO Staffer Processing: _____

NO: Reason: _____

Date provider notified: _____

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL of the HUDSON MOHAWK VALLEYS

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