

Application for REMO CME

Date of presentation _____ Date submitted _____

Topic / Title _____

Presented By _____

Presenter Qualifications _____

Objectives: _____ Level: ALS / BLS

1. _____

2. _____

3. _____

Start Time _____ End Time _____ CME credit hours _____

Location of Presentation _____

Street Address _____

City/Town/Village _____ Zip _____

CIC of record _____ CIC # _____

Registration Contact _____

Registration Phone # _____ Registration fax _____

Registration Contact Email address _____

How to register (circle all that apply) Phone / Fax / Email Cost/Fees _____

**Please attach an outline or powerpoint slides, and any handouts of the proposed CME class.
Complete all fields, incomplete applications will be returned.**

This area for official use only

Date received _____

Date approved _____

Approved by _____

CME Credit Hrs awarded _____

CME tracking # _____

posted to database _____

posted to nyentinfo _____