

Continuing Education Attendance Roster

CME Title _____ CME # _____

Location _____ CIC Name _____

Date _____ Start Time _____ End Time _____ CEUs _____

#	Name	NYS EMT #	REMO ID #	Time in	Time out	Eval (Y/N)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

CME credit is not granted until roster and evals are on file at REMO.

