

CME Certificate of Attendance

Name _____

NYS EMT # _____

REMO ID # _____

Name of Presentation _____

REMO CME # _____

CEUs Awarded _____

Date _____

Time _____

CME Category _____ NYS DOH Core Content (Y/N) _____

Presenter's Name _____

CIC of Record _____

The above named person has successfully completed all the requirements set forth by REMO, the sponsoring agency, and the CIC of record.

Signature of Supervising CIC

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