



431 New Karner Road, Albany. NY 12205 (518) 464.5097 Fax (518) 464.5099 www.remo-ems.com

## CME Participant Summary

Name \_\_\_\_\_ EMT# \_\_\_\_\_ REMO ID \_\_\_\_\_

CME Title \_\_\_\_\_ CME # \_\_\_\_\_

Primary Agency \_\_\_\_\_ Date of CME \_\_\_\_\_

CIC Name \_\_\_\_\_ CIC Initials \_\_\_\_\_

1. Define one new concept or lesson that you learned from this CME.

2. Describe how this concept or lesson will be applied to your practice.

3. Summarize the teaching points being communicated in this CME.

4. Was the speaker on time and well prepared? \_\_\_Yes \_\_\_ No

5. Did the speaker demonstrate knowledge of the subject? \_\_\_Yes \_\_\_ No

6. Did this CME meet your expectations? \_\_\_Yes \_\_\_ No

7. Was there opportunity to ask questions? \_\_\_Yes \_\_\_ No

8. Were questions answered to your satisfaction? \_\_\_Yes \_\_\_ No