

# CME Certificate of Attendance

Provider Name \_\_\_\_\_

NYS EMT # \_\_\_\_\_ REMO ID # \_\_\_\_\_

Title of Presentation \_\_\_\_\_

Presenter's Name \_\_\_\_\_

REMO CME # \_\_\_\_\_ Date \_\_\_\_\_

Time \_\_\_\_\_

**The above named provider has successfully participated in this CME as  
attested by the CIC of record.**

CIC of Record \_\_\_\_\_ CIC # \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervising CIC

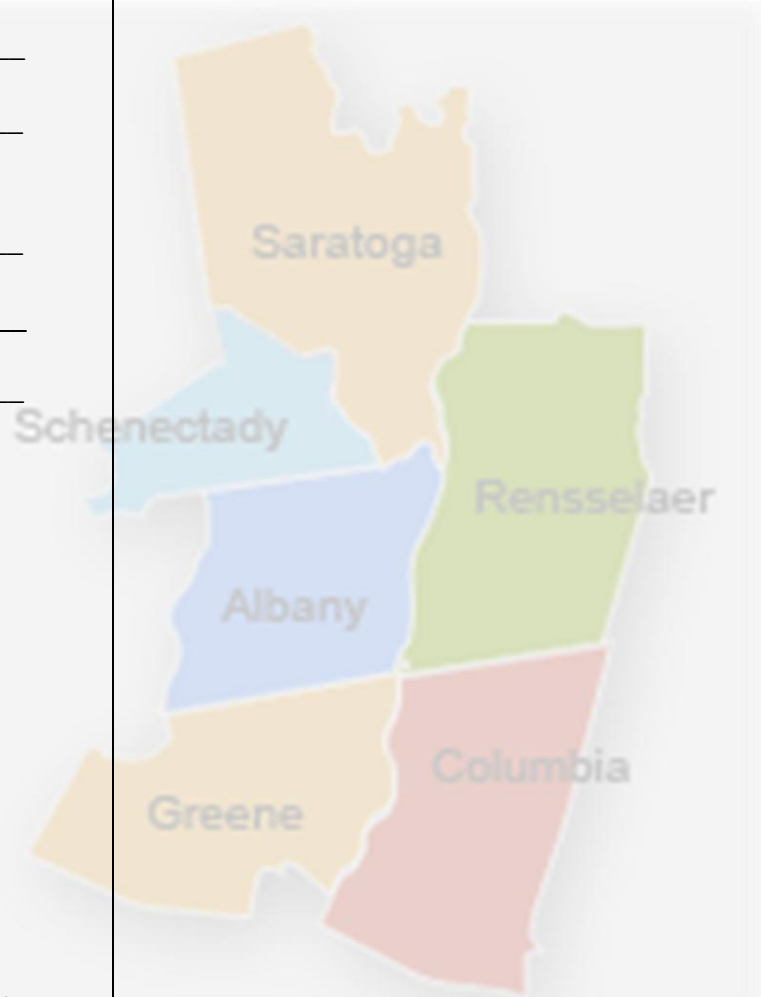


Regional Emergency Medical Organization  
431 New Karner Road, Albany, NY 12205  
Phone (518) 464-5097, Fax (518) 464-5099  
www.remo-ems.com www.remo-als.com

Hours  
(number)

Category  
(fill-in)

Core  
(circle)



## REMO CME Certificate Completion Instructions

### CME Certificate of Attendance

Provider Name \_\_\_\_\_

NYS EMT # \_\_\_\_\_ REMO ID # \_\_\_\_\_

Title of Presentation \_\_\_\_\_

Presenter's Name \_\_\_\_\_

REMO CME # \_\_\_\_\_ Date \_\_\_\_\_

Time \_\_\_\_\_


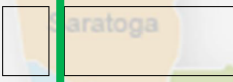




**The above named provider has successfully participated in this CME as attested by the CIC of record.**

CIC of Record \_\_\_\_\_ CIC # \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervising CIC



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Hours (number)	Category (fill-in)	Core (circle)
<input type="text"/>		Y N
<input type="text"/>		Y N
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- *It is the responsibility of the instructing CIC to determine whether the covered content is considered CORE or ADDITIONAL hours. Please indicate by circling (y or n).*
- *If your presentation has both core and additional hours, please break it out into two separate lines and apply the correct number of hours to each line. (Although the categories have similar names, they are different)*
- *CICs are responsible for uploading the course outline and attendance sheet in pdf format to [www.remo-als.com](http://www.remo-als.com) within 30 days of course completion.*

**Listed are the categories by Certification Level, as defined by NYSDOH BEMS**

**EMT Categories**

\*\*\*Excerpted from EMT Recertification Form DOH-5065 (06/12)

Preparatory  
 Airway  
 Patient Assessment  
 Pharmacology/Med Admin/Emergency Meds  
 Immunology/Toxicology  
 Endocrine/Neurology  
 Abdominal/Geni-Renal/GI/Hematology  
 Respiratory  
 Psychiatric  
 Cardiology  
 Shock and Resuscitation  
 Trauma  
 Geriatrics  
 OB/Neonate/Pediatrics  
 Special Needs Patients  
 EMS Operations  
 EMT National Standards Update form DOH-5064  
 (See Supplemental Form Categories)

**Critical Care Categories**

\*\*\*Excerpted from EMT-CRITICAL CARE Recertification Form DOH-5066(06/12)

Preparatory  
 Airway  
 Trauma  
 Medical/Behavioral (see sub categories)  
     Respiratory & Cardiac Emergencies  
     Allergic Reactions and Poisoning  
     Neurological & Abdominal Emergencies  
     Environmental/Behavioral/Gynecological  
 Special Considerations (see sub categories)  
     Obstetric Emergencies  
     Neonatology  
     Pediatrics  
 Operations  
 EMT National Standards Update form DOH-5064  
 (See Supplemental Form Categories)

**AEMT Categories**

\*\*\*Excerpted from AEMT Recertification Form DOH-5067 (06/12)

**EMT Refresher Training**

Preparatory  
 Airway  
 Patient Assessment  
 Pharmacology/Med Admin/Emergency Meds  
 Immunology/Toxicology  
 Endocrine/Neurology  
 Abdominal/Geni-Renal/GI/Hematology  
 Respiratory  
 Psychiatric  
 Cardiology  
 Shock and Resuscitation  
 Trauma  
 Geriatrics  
 OB/Neonate/Pediatrics  
 Special Needs Patients  
 EMS Operations

**AEMT Refresher Training**

Preparatory  
 Pharmacology  
 Advanced Airway Management / Ventilation  
 Medical  
 Patient Assessment

**Paramedic Categories :**

\*\*\*Excerpted from EMT-Paramedic Recertification Form DOH-4231 (06/12)

Patient Assessment (Medical and Trauma)  
 Airway/Ventilation (Simple Adjuncts, Advanced Adjuncts, Supplemental Oxygen Delivery, Bag Valve-Mask – one and two rescuer)  
 Cardiac Arrest Management (Therapeutic Modalities, Megacode, Monitor/Defibrillator Knowledge)  
 Hemorrhage Control & Splinting (long bone injury, joint injury, and traction splinting)  
 IV Therapy / Medication Administration  
 Spinal Immobilization (Seated and Supine)  
 Preparatory  
 Airway Management & Ventilation  
 Trauma  
 Medical (see sub categories)  
     Pulmonary and Cardiology  
     Neurology/Endocrinology/Allergies & Anaphylaxis  
     Gastroenterology/Renal & Urology/Toxicology/Hematology  
     Environmental Conditions/Infectious & Communicable Diseases/Behavioral  
     Gynecology and Obstetrics  
 Special Considerations (see sub categories)  
     Neonatology and Pediatrics  
     Abuse and Assault  
     Patients w/Special Challenges & Acute Interventions for Chronic Care Patients  
 Operations  
 EMT National Standards Update

**Supplemental Form Categories**

\*\*\*Excerpted from Supplemental Form DOH-5064 (06/12)

Preparatory  
 Anatomy/Physiology/Life Span/Public Health  
 Airway  
 Patient Assessment & Monitoring Devices  
 Pharmacology/Med Admin/Emergency Meds  
 Immunology/Toxicology  
 Endocrine/Neurology  
 Abdominal/Geni-Renal/GI/Hematology  
 Respiratory  
 Psychiatric  
 Cardiology  
 Shock and Resuscitation  
 Trauma  
 Geriatrics  
 OB/Neonate/Pediatrics  
 Special Needs Patients  
 EMS Operations