Westchester REMAC

# STUDENT CME /CA COMPLETION FORM

Date _____/_____/_____

**Name** _____ **NYS EMS Certification #** _____

**Agency** _____ ☐ **EMT-B** ☐ **EMT-I** ☐ **EMT-P**

## CALL AUDIT

Hospital _____

Time: Start _____ End _____

_____
(WREMAC Medical Control Physician print name)

_____
(Physician signature)

Approval ID ☐

## CME LECTURE

Hospital/Location _____

Lecturer _____

Title _____

Topic _____

Time: Start _____ End _____

_____
(Presenter signature)

## CME COURSES

Course # _____

| | *Hrs* | | *Hrs* |
|---|---|---|---|
| OSHA | ____ | PPCC | ____ |
| BCLS/CPR | ____ | TBI Mgmt | ____ |
| ACLS | ____ | CIC/CLI | ____ |
| NRP | ____ | HazMat | ____ |
| PALS | ____ | PEPP | ____ |
| BTLS | ____ | PPC | ____ |
| PHTLS | ____ | ATLS | ____ |
| EMT Refresher | _____ (Session) | | ____ (hours) |

Other _____

_____
(Instructor/facility name)

_____
(Instructor signature)

## PHYSICIAN REVIEW ("Bedside Call Audit")

(.25 hr each item, 4hr Max)

**PCR #**____-_____

| | Yes | No |
|---|---|---|
| History Complete | | |
| Physical Exam Complete | | |
| Appropriate Treatment | | |
| ECG Interpretation Correct | | |
| Protocol Compliance | | |
| Field Diagnostic Testing Completed | | |
| Proper Medication Administration | | |
| Clinical Impression Correct | | |

### Skills

| Skill | Yes | No |
|---|---|---|
| Intravenous Catheter | | |
| Needle Cricothyrotomy. | | |
| Endotracheal Intubation | | |
| Chest Decompression | | |
| Intraosseous Catheter | | |

**Hospital** _____

_____
(Print Physician name)

_____
(Physician signature)

## PUBLICATION CME/CEU

☐ JEMS ☐ EMS Magazine

**Credits** _____

*(Please attach the completed post-test to this form.)*