



FDRHPO EMS Program Agency

“Serving Clinton, Essex, Franklin, Jefferson, Lewis, St. Lawrence, Warren and Washington Counties”

fdrhpo.org/ems

CME Session Scheduling Form – North Country EMS

Session must be approved prior to being placed on the calendar.

Agency Name: _____ CME/Agency code: _____

Evaluator Name: _____ Evaluator Phone # _____

Evaluator Credentials: _____ (level of care and other instructor credentials)

CME Session Location: _____

Address: _____ City: _____ Zip Code: _____

CME Session Level (Evaluators can only evaluate levels up to their level of care)

(Check one and indicate BLS Skills being evaluated)

- BLS
- BLS, AEMT
- BLS, AEMT, Critical Care
- BLS, AEMT, Critical Care, Paramedic

Please indicate which BLS adjunct skills being offered – All of them

- AED Syringe Epinephrine Albuterol Narcan CPAP Blood Glucometry
- 12-Lead

CME Session date: _____ CME session time: _____

Email and/or phone to RSVP for session: _____

Evaluator must be in good standing with the region, please fax or email application to address below or paperwork@fdrhpo.org

For Office Use

Approved on _____