



# FDRHPO EMS Program Agency

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

[fdrhpo.org/ems](http://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](mailto:paperwork@fdrhpo.org)

For Office Use

Approved on \_\_\_\_\_

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