Mountain Lakes Region – Annual ALS Skills and CME Requirements Form

All Online and Intern ALS Technicians (AEMT, Critical Care, and Paramedic) are required to complete this form annually due by 1/31.

If your Online or Intern Status began after July 1st, you are only responsible for completing one half of the required CME's and Skills.

Submission Year: _____ NYS EMT # _____ Current NYS Certification Level: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City:_____ State:_____ Zip:_____

Phone: (_____) _____-_____Email Address: _____

Primary Agency Name: _____

Regional Tech #: _____ Current Regional Online/Intern Level: _____ BLS CPR Exp Date: _____

(Critical Care & Paramedic ONLY) ACLS Exp Date: _____ PALS/Peds Exp Date: _____

Copies of Current BLS, ACLS, & PALS Certifications MUST be submitted with this form. (see page 2)

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12 Hours (Minimum) of CME Credits

CME Certificate copies do not need to be submitted with this form but must be maintained on file at the primary agency and made available upon request.

Class Date	Class Name	Source/Method (Instructor Name/Number)	Topic Area	CME Hours Earned

Total Hours Completed: _____

Submit Completed Form and BLS/ACLS/PALS Cards to: PAPERWORK@FDRHPO.ORG

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Mandatory Skills Performance

Skill	Required Levels	Date Performed	In-Field Skills Performed: Record PCR # AND Agency Name Non-Field Skills Performed: Record Printed Names AND Signatures from CIC, CLI, Medical Director or his/her Designee
IO	All		
Adult Intubation	Critical Care & Paramedic		
Pediatric Intubation	Paramedic		
Advanced Airway (King, Combitube, etc.)	All		
Mega Code	All		
Mega Code	All		

Copies of Current BLS Certification MUST be submitted with this form for all providers.
Critical Care and Paramedic MUST also submit current ACLS and PALS/Peds Certifications.

- **This signed, two-sided form along with relevant certification copies must be received no later than January 31st.**
- **Late and/or incomplete submissions will result in suspension of your regional online ALS privileges and a $25.00 processing fee will be assessed.**
- **If suspended, you have until February 28th to submit/re-submit your paperwork.**
  - **Failure to do so, will result in revocation of your ALS privileges and a $100.00 processing fee will be assessed for any future applications for regional online ALS privileges.**

Signatures below are an affirmation that the information provided on this form is true. Any falsification may result in suspension or revocation of your ALS privileges. The Region reserves the right to request and inspect any and all associated documents.

ALS Provider Signature: _____ Date: _____

Agency Chief/Captain Print Name: _____

Agency Chief/Captain Signature: _____ Date: _____

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