



North Country Regional Emergency Medical Advisory Committee

“Serving Jefferson, Lewis & St. Lawrence Counties”

www.fdrhpo.org/ems

North Country REMAC Continuing Medical Education Record

EMT Name: _____ EMT #: _____

Primary Agency: _____ Circle Level of Care: AEMT Critical Care Paramedic
EMT please use EMT skills sheet

Skills/ Didactic Time

- 1st Semester January 1 – June 30, 20 _____
Skills focus (Adult Medical, Pediatric Trauma)
- 2nd Semester July 1 – December 31, 20 _____
Skills focus (Adult Trauma, Pediatric Medical)

First Semester Skills– Must be completed using a scenario

- | | |
|--|----------------------------|
| Adult Medical | Pediatric Trauma |
| ___ Supraglottic Airway (AEMT) | |
| ___ IV (P, CC, AEMT) | ___ IO (P,CC, AEMT) |
| ___ Pacing (P, CC) | |
| ___ Cardiovert (P, CC) | ___ Intubation (Paramedic) |
| ___ Defib (P, CC) (AEMT use AED) | |
| ___ Med. Admin (P, CC, AEMT) | |
| ___ 12-Lead Acquisition (AEMT if approved) | |

Please check off skills completed.

Second Semester Skills– Must be completed using a scenario

- | | |
|--------------------------------------|-------------------------------|
| Adult Trauma | Pediatric Medical |
| ___ Supraglottic Airway (AEMT) | |
| ___ IO (P, CC, AEMT) | ___ IV (P, CC) |
| ___ IV (AEMT only) | ___ Med. Admin. (P, CC, AEMT) |
| ___ ET (P, CC) | ___ Defib (P, CC, AEMT) |
| ___ Chest Decompression (P, CC) | |
| ___ Surgical Airway (Paramedic only) | |

Please check off skills completed.

More than one scenario may be used to complete required skills
Please complete the skills as indicated for your level of care

Scenario's/Skills check off

Evaluators Name _____ Date: _____ CME Agency Code _____
(please print)

Evaluators Signature _____

By signing below, the Agency CME Manager affirms that to the best of his/her knowledge, the EMT, whose name and certification number are written on the top of this sheet, has completed all the requirements for the designated time periods. If CME Manager and Skill Evaluator are the same person they may use only their initials in the CME Manager Signature line. Use second sheet if more space is needed for didactic time. For more information please refer to the Provider Credentialing Manual at www.ncemsprogramagency.org and click on CME

CME Manager _____

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