



North Country EMS Program Agency

“Serving Jefferson, Lewis & St. Lawrence Counties”

www.ncemsprogramagency.org

PCR NO ACTIVITY REPORT

Date: _____

Agency Name: _____

Agency Code: _____

Month and year activity report is for: _____

Person completing this report: _____

Please send this report by mail or fax to the NCEMS Program Agency whenever your agency doesn't have yellow copy PCR's to submit. This form should be sent by the 15th of the following month just as you would if you were sending PCR copies.