



North Country EMS Program Agency

“Serving Jefferson, Lewis & St. Lawrence Counties”

www.ncemsprogramagency.org

CME Session Scheduling Form

Session must be approved prior to being placed on calendar

Agency Name: _____

Agency CME code: _____ (Same as Agency Code)

Evaluator Name: _____

Evaluator Credentials: _____

(level of care and other instructor credentials)

Evaluator Phone # _____

CME Session Location _____

Address: _____ City _____ NY,

Zip Code _____

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

(Check one)

AEMT

AEMT, Critical Care

AEMT, Critical Care, Paramedic

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 asmith@fdrhpo.org

For Office Use

Approved on _____

Fort Drum Regional Health Planning Organization | 120 Washington Street, Suite 200, Watertown, NY

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