



Westchester REMAC Continuing Medical Education (CME) Credit Hour Request Form

Type of course ACLS PALS BCLS PHTLS BTLS Other (Specify below)
(Check one)

Other: _____

Detailed Description of Course:

(For courses described as other – attach copies of course materials for original presentations)

Level of Program Instruction ALS BLS / First Responder
(Check one)

Hours of Instruction
Didactic _____ Practical _____

Instructor Name (s) _____

Instructor(s) Qualifications:

(Provide additional documentation as necessary)

Date (s) _____ **Time Start** _____ **Time End** _____

Location

Reply to attention of:

Name / Title _____

Address _____

City / State / ZIP _____

To be completed by the Regional EMS Office

Received Date _____

APPROVED DISAPPROVED

REMAC Chair **Signature** **Date** **Total Hours Approved**