



W e s t c h e s t e r R E M A C
2009 Paramedic Protocol Update

Date ____/____/____

Agency _____

Time Start _____ Time End _____ Total Time _____

	Print Name	NYS EMT #	MAC Card #	Sign In	Sign Out
1					
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By signing this document, I verify that I am an authorized representative of the above ALS agency and affirm that the above listed personnel attended and completed the 2009 Westchester Regional Paramedic Protocol update.

Instructor (Print Name) _____ Signature: _____

Medical Director (Print Name) _____ Signature: _____

NOTE: FAX or MAIL this form to the Regional EMS Office on the first business day following the program.

Page _____ of _____