

# NYC Regional Emergency Medical Advisory Committee Paramedic Continuing Medical Education Verification Form

## CME Requirements effective June 1, 2007

<p style="text-align: center;"><b><u>36 hours - Physician Directed Call Review</u></b></p> <p><b>* <u>Minimum 18 hours PCR Review and/or QA session</u> *</b></p> <ul style="list-style-type: none"> <li>• <i>PCR/ACR Review</i>      • <i>QA/QI Session</i></li> <li>• <i>Telemetry Rotation</i>   • <i>E.D. Teaching Rounds</i></li> </ul>	<p style="text-align: center;"><b><u>36 hours – Alternative Source CME</u></b></p> <p><b>* <u>Maximum 12 hours per venue</u> *</b></p> <ul style="list-style-type: none"> <li>• <i>Lectures/Symposiums /Conferences</i>      • <i>Online CME</i></li> <li>• <i>BCLS / ACLS / PALS / NALS / PHTLS</i>      • <i>Journal CME</i></li> <li>• <i>E.D. Clinical Rotation</i></li> </ul>
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**Paramedic Name:** \_\_\_\_\_ **REMAC #:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

<u>Date</u>	<u>C M E Hours</u>	<u>CME Type</u>	<u>Topic</u>	<u>Physician or Instructor</u>		
				Print Name	Signature	REMAC #
		<input type="checkbox"/> Physician ACR Review <input type="checkbox"/> QA/QI <input type="checkbox"/> Telemetry <input type="checkbox"/> E.D. Teaching Rounds <input type="checkbox"/> E.D. Clinical Rotation <input type="checkbox"/> Lecture/Symposium <input type="checkbox"/> Other _____				<input type="checkbox"/> _____ <input type="checkbox"/> none
		<input type="checkbox"/> Physician ACR Review <input type="checkbox"/> QA/QI <input type="checkbox"/> Telemetry <input type="checkbox"/> E.D. Teaching Rounds <input type="checkbox"/> E.D. Clinical Rotation <input type="checkbox"/> Lecture/Symposium <input type="checkbox"/> Other _____				<input type="checkbox"/> _____ <input type="checkbox"/> none
		<input type="checkbox"/> Physician ACR Review <input type="checkbox"/> QA/QI <input type="checkbox"/> Telemetry <input type="checkbox"/> E.D. Teaching Rounds <input type="checkbox"/> E.D. Clinical Rotation <input type="checkbox"/> Lecture/Symposium <input type="checkbox"/> Other _____				<input type="checkbox"/> _____ <input type="checkbox"/> none
		<input type="checkbox"/> Physician ACR Review <input type="checkbox"/> QA/QI <input type="checkbox"/> Telemetry <input type="checkbox"/> E.D. Teaching Rounds <input type="checkbox"/> E.D. Clinical Rotation <input type="checkbox"/> Lecture/Symposium <input type="checkbox"/> Other _____				<input type="checkbox"/> _____ <input type="checkbox"/> none
		<input type="checkbox"/> Physician ACR Review <input type="checkbox"/> QA/QI <input type="checkbox"/> Telemetry <input type="checkbox"/> E.D. Teaching Rounds <input type="checkbox"/> E.D. Clinical Rotation <input type="checkbox"/> Lecture/Symposium <input type="checkbox"/> Other _____				<input type="checkbox"/> _____ <input type="checkbox"/> none
		<input type="checkbox"/> Physician ACR Review <input type="checkbox"/> QA/QI <input type="checkbox"/> Telemetry <input type="checkbox"/> E.D. Teaching Rounds <input type="checkbox"/> E.D. Clinical Rotation <input type="checkbox"/> Lecture/Symposium <input type="checkbox"/> Other _____				<input type="checkbox"/> _____ <input type="checkbox"/> none
		<input type="checkbox"/> Physician ACR Review <input type="checkbox"/> QA/QI <input type="checkbox"/> Telemetry <input type="checkbox"/> E.D. Teaching Rounds <input type="checkbox"/> E.D. Clinical Rotation <input type="checkbox"/> Lecture/Symposium <input type="checkbox"/> Other _____				<input type="checkbox"/> _____ <input type="checkbox"/> none