Hudson Valley Regional
Emergency Medical Services Council

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45 Academy Avenue ~ Cornwall On Hudson, NY 12520
(845) 534-2430 ~ fax: (845) 534-3070
www.hvremsco.org

Continuing Medical Education
Attendance Form

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Name	MAC #	EMT #	Signature

Course Name _____ Medical Control Credits: Yes ☐ No ☐

Instructor Name_____ REMAC Approval Code: _____

Instructor Qualifications_____ Course Date: _____

Course Location_____ Course Length: _____ (Hours)

I attest to the fact that all personnel listed within this form were present during the listed training session.

_____
Signature of Instructor

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