Hudson Valley Regional
Emergency Medical Services Council

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259 Route 17k ~ Newburgh, NY 12550
(845) 567-6740 ~ fax: (845) 567-6730
www.hvremsco.org

Continuing Medical Education
Attendance Form

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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