



# Hudson Valley Regional Emergency Medical Services Council

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www.hvremsco.org

## Medical Control/Physician Contact Hour Attendance Form

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Name	MAC #	EMT #	Signature

\*\*Form must be submitted within 5 business days from date of presentation\*\*

Course Name _____	Medical Control Credits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Instructor Name _____	REMAC Approval Code: _____
Instructor Qualifications _____	Course Date: _____
Course Location _____	Course Length: _____ (Hours)
<p>I attest to the fact that all personnel listed within this form were present during the listed training session.</p>	
<p>_____</p> <p>Signature of Instructor</p>	