



Hudson Valley Regional Emergency Medical Services

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 Fax - (845) 245-4181
 www.hvremaco.org

Medical Control/Physician Contact Hours Verification Form

Name _____ Agency _____ Date _____
 MAC # _____ AEMT # _____ AEMT EMT-CC EMT-P

<p>Medical Control Lecture/Course/Call Audit</p> <p>Course Location _____</p> <p>Instructor _____</p> <p>Topic/Course _____</p> <p>Time Start _____ End _____</p> <p>Total Hours _____</p>	<p>Approved Distance Learning Lecture</p> <p>Course Location _____</p> <p>Instructor _____</p> <p>Topic/Course _____</p> <p>Time Start _____ End _____</p> <p>Total Hours _____</p>
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<p>Medical Control Review .25 each 8.0 max. For each three (3) year credentialing period</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Topic</th> <th style="width: 15%;">Yes</th> <th style="width: 15%;">No</th> </tr> </thead> <tbody> <tr> <td>History & Physical Exam Complete</td> <td></td> <td></td> </tr> <tr> <td>Treatment Appropriate</td> <td></td> <td></td> </tr> <tr> <td>Rhythm Strip Interpretation Correct</td> <td></td> <td></td> </tr> <tr> <td>Protocol Adherence</td> <td></td> <td></td> </tr> <tr> <td>Medication Administration Correct</td> <td></td> <td></td> </tr> <tr> <td>Skills Competency Reviewed</td> <td></td> <td></td> </tr> <tr> <td>Clinical Impression Correct</td> <td></td> <td></td> </tr> </tbody> </table> <p>PCR# _____</p> <p>Hospital _____</p> <p>Physician _____</p>	Topic	Yes	No	History & Physical Exam Complete			Treatment Appropriate			Rhythm Strip Interpretation Correct			Protocol Adherence			Medication Administration Correct			Skills Competency Reviewed			Clinical Impression Correct			<p>Quality Improvement</p> <p>Medical Control / Physician Contact</p> <p>Agency _____</p> <p>Meeting Date _____</p> <p>QI Coordinator _____</p> <p>Agency Med. Dir. _____</p> <p>Total Hours _____</p> <p>Additional Comments/Explanation</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Authorization	
Name _____	Title _____
Level of Certification _____	MD/NP/PA <input type="checkbox"/> MAC Certified <input type="checkbox"/>
_____ Physician Signature	_____ HVREMAC Medical Control ID