



Hudson Valley Regional Emergency Medical Services Council

33 Airport Center Drive ~ Suite 204 Second Floor~ New Windsor, NY 12553
(845) 245-4292 ~ fax: (845) 245-4181
www.hvremSCO.org

RSI Audit Form for Instructors

Candidates Name (First): _____ (Last): _____ (M.I.) _____

Level of Certification: EMT-Paramedic

NYS EMT Certification # _____ Expiration Date ____ / ____ / ____

HVREMAC Credential # _____ Expiration Date ____ / ____ / ____

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1. Attended 3 hour didactic training session with the agency designated trainer paramedic? [] Y [] N
 2. Completed 3 hour RSI skills practice and successful evaluation of two (2) scenarios [] Y [] N
 3. Demonstrated proficiency with all RSI procedures? [] Y [] N
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Agency Name: _____ Agency Code: _____

I affirm that, after meeting all of the programs training objectives and under my direct supervision the candidate named above has satisfactorily completed the didactic, practical, clinical MFI training and written examination components of the HVREMSCO Medication Facilitated Intubation Program and has demonstrated proficiency with performing Medication Facilitated Intubation procedures as established by the HVREMAC. Further, I hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as the Instructor.

Instructor's Signature: _____ Date ____ / ____ / ____

NYS EMT Certification # _____ Expiration Date ____ / ____ / ____

HVREMAC Credential # _____ Expiration Date ____ / ____ / ____

HVREMAC RSI written exam Date: _____ Score: _____ %

Date Received: