



# 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- 
1. Attended 3 hour didactic training session with the agency designated trainer paramedic?
  2. Completed 3 hour RSI skills practice and successful evaluation of two (2) scenarios?
  3. Demonstrated proficiency with all RSI procedures?
- 

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 RSI training and written examination components of the HVREMSCO Rapid Sequence Intubation Program and has demonstrated proficiency with performing Rapid Sequence 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: \_\_\_\_\_ %