Hudson Valley EMS Council
33 Airport Center Drive Suite 204
New Windsor, NY 12553
(845) 245-4292 www.hvremsco.org

Broadcast Site ☐
Satellite Site ☐

Name (Please Print)	HV MAC #	REMO MAC #	EMT #	Signature	e-Mail (Please Print)

Course Name:_____ **Medical Control Credit: Yes ____ No_____**
Physician Name: _____ **REMAC Approval Code:** _____

Course Location: _____ **Course Date:** _____
Course Length: _____ **Page ___ of ____**

I attest to the fact that all personnel listed within this form were present during the listed training session:

_____
Signature of Physician