



CATTARAUGUS COUNTY OFFICE OF EMERGENCY SERVICES

NON Core CME Credit Form

NAME _____

DATE OF CME _____

Name of EMS Agency _____

Agency Code

NYS EMT #

Current EMT Exp Date - -

DOB - -

Course/Activity Information

Course Source Classroom Internet Med Director Meeting Drill Distance Learning Other

Location / Describe other: _____

Course Name/Description _____

Course Instructor Name _____

**YOU MUST GET
INSTRUCTOR'S SIGNATURE**
↓ ↓

Credentials _____ **Instructor Signature** _____

Course Start Time _____ Course End Time _____ Total Time _____ (Do Not Include Breaks)

Hours Per Category Preparatory Airway Management Cardiac Arrest/AED Pt Assessment
 Medical Trauma Special Considerations Operations Other

Indicate # of hours in the box next to the appropriate category

Describe other: _____

Course Objectives /Agenda(List)

COURSE OUTLINE/WHAT YOU LEARNED *(please document program highlights and what you learned here, use a separate piece of paper if needed)*

CME/Course Evaluation

Overall I would rate this CME/Course as:	Excellent	Good	Fair	Poor	N/A
This CME/Course met my expectations:	Excellent	Good	Fair	Poor	N/A
The Instructor was professional and knowledgeable:	Excellent	Good	Fair	Poor	N/A
I found the CME/Course content helpful:	Excellent	Good	Fair	Poor	N/A
The CME/Course length was appropriate:	Excellent	Good	Fair	Poor	N/A
This CME/Course has helped me as a EMS Provider:	Excellent	Good	Fair	Poor	N/A
The Classroom atmosphere was:	Excellent	Good	Fair	Poor	N/A
I would recommend the CME/Course to other providers:	Excellent	Good	Fair	Poor	N/A

Suggestions for improving future training:

Participant Signature _____ **Date** _____

Fill out both sides of this form completely. Attach any course flyer, handouts and materials to this sheet for your student file. By signing you are verifying the information on this form as accurate and true. Submit this form with supporting documentation to Catt Co OES within 30 days of the course

For Office of Emergency Services Use Only

The following Non-Core CME Credit has been approved

Topic	HRS	Topic	HRS
Preparatory		Trauma	
Airway		Medical	
Cardiac Arrest/AED		Special Cons.	
Patient Assessment		Operations	
Other			

Date form received by OES: _____

Comments: _____

Signature of Individual Approving Credit: _____ **CIC # (if applicable)** _____