

Adirondack-Appalachian Regional Emergency Medical Services Council, Inc.
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Medical Director Approval of Continuing Medical Education Program

EMS Agency Name _____

Proposed Date of Training Program _____

Proposed Location of Training Program _____

Name of Training Program _____

(Attach Outline and Specifics on Program Content)

Method of Presentation Lecture/Slide/PowerPoint™ Presentation

Scenario Based Learning

Video with lecture/reinforcement

Video only

Other _____

Number of Credit Hours Proposed _____ hours

(Credit hours may not exceed exact number of hours spent in training)

Presenter/Instructor _____

As Medical Director of the above stated emergency medical services agency, I have reviewed the content of the proposed training program listed above and I hereby approve it for _____ hours of continuing medical education credit.

Agency Medical Director Name

Agency Medical Director Signature

Date _____

