

EMERGENCY MEDICAL SERVICES

ANCILLARY COURSE

SUFFOLK COUNTY-NEW YORK

CORE CME CREDIT

NON CORE CME CREDIT

TODAY'S DATE

PRINT ALL REQUIRED INFORMATION

LAST NAME

FIRST NAME

M.
I.

ADDRESS

TOWN

PHONE

EMT #

EXPIRATION DATE

CORP OR DEPARTMENT

CFR

EMT-B

EMT-CC

EMT-P

OTHER

OFFICIAL USE ONLY

SUBJECT/TOPIC

CORE CREDIT

COUNTY #

NON CORE CREDIT

CLASS LOCATION

INSTRUCTOR

NAME & SIGNATURE

#

INST. I/C #