



W e s t c h e s t e r R E M A C  
2012 Paramedic Protocol Update

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency \_\_\_\_\_

Time Start \_\_\_\_\_ Time End \_\_\_\_\_ Total Time \_\_\_\_\_

	Print Name	NYS EMT #	Primary Agency	Sign In	Sign Out
1					
2					
3					
4					
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By signing this document, I verify that I am an authorized representative of the above ALS agency and affirm that the above listed personnel attended and completed the 2009 Westchester Regional Paramedic Protocol update.

Instructor (Print Name) \_\_\_\_\_ Signature: \_\_\_\_\_

Medical Director (Print Name) \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE:** FAX or MAIL this form to the Regional EMS Office on the first business day following the program.

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