**For all paramedics: important REMAC CME and exam changes below**

Continuing Medical Education - News & Information
March – April, 2015 - Volume 20, Issue 3-4
Multi-Agency Edition

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**From the Editor**
To ensure the highest-possible quality of patient care in NYC, REMAC has raised CME and exam requirements for all re-certification and new candidates.

**All candidates must now meet CME requirements**
- All REMAC paramedics and candidates should review Certification & CME Information on page 3 journal and plan accordingly.
- All upcoming exam candidates, see registration instructions at the bottom of the last page of this journal.
- Candidates who will not have a CME letter at the time of their REMAC exam must email Christopher.Swanson@fdny.nyc.gov ASAP.

**The exam format has changed for all candidates**
- Early testing is strongly encouraged, there is no loss of certification time.
- Study Tips – to pass the exam, candidates MUST:
  - memorize the REMAC GOP, BLS and ALS protocols, and appendices
  - interpret 3 and 12-lead ECGs
  - calculate drug doses based on patient weight
- 120 question multiple-choice exam with a 3-hour time limit
  - 20 Scenario questions: two new intensive patient-care scenarios
    - one adult and one pediatric, 10 questions each
    - similar to past REMAC Orals and Scenario exams
    - testing the candidate’s ability to integrate history, physical exam, ECG interpretation, diagnosis, treatment using the NYC REMAC protocols
  - 100 General questions: the same format and content as past REMAC exams, on protocol content and patient care
- Passing score is 80%. Exam failure permits a retest the same month.
Outline of May 2014 NYC REMAC protocol changes
see REMAC Advisories 2014-01 & 2014-02 at nycremsco.org

General Operating Procedures

- Medical Control at the Scene
  - deletes AED note
  - clarifies non-solicited intervention

- Prehospital Sedation
  - increases Etomidate dose
  - adds $O_2$ via nasal cannula

- Transport Procedures
  - deletes stroke center distance
  - deletes LBBB to PCI facility
  - adds LVAD as specialty care

- CPR
  - adds medical criteria
  - clarifies CPR for pediatrics

- Pediatric Patients
  - clarifies age of patients

- IO Administration
  - adds shock indication
  - limits attempts
  - adds Lidocaine

- IN Administration
  - adds Glucagon & Fentanyl

- Drug Guidelines
  - adds Ondansetron caution

- Pediatric Protocols
  - adds Broselow tape

BLS Protocols

- 400 – WMD
  - updates table

- 411 – AMS, 413 – Seizures, 415 – Shock
  - removes note on immobilization

- 414 – Poison/Drug Overdose
  - removes obtaining sample
  - updates venomous bite

- 426 – Soft Tissue Injuries
  - adds tourniquet

ALS Protocols

- 503A, 503-B – Cardiac Arrests
  - changes vasopressin to if available

- 507, 554 – Adult & Pediatric Asthma
  - clarifies MCO epinephrine

- 510 – Allergic/Anaphylactic Reaction
  - changes name of protocol

- 515-B – Septic Shock
  - new protocol

Appendices

- Appendix H – Specialty Care
  - updates specialties

- Appendix I – Hospital Listings
  - adds available services

- Appendix U – Septic Shock
  - new appendix
REMAC Exam Study Tips

REMAC candidates have difficulty with:

* Epinephrine use for pediatrics: 15% Protocol GOP
* 12-lead EKG interpretation: 10% BLS
* Ventilation rates for pediatrics & neonates: 10% Adult Arrest

REMAC Written exams are approximately:

* 15% Protocol GOP
* 35% Adult Med. Emerg.
* 10% BLS
* 15% Adult Trauma
* 10% Pediatrics

Certification & CME Information

- By the day of their exam, all REMAC paramedics and candidates must present a letter from their Medical Director verifying fulfillment of CME requirements.

- Upcoming candidates without a CME letter ASAP must email Christopher.Swanson@fdny.nyc.gov

- FDNY paramedics, see your ALS coordinator or Division Medical Director for CME letters.

- CME letters must indicate the proper number of hours, per REMAC Advisory # 2007-11:
  - 36 hours - Physician Directed Call Review
  - ACR Review
  - QA/I Session
  - Emergency Department Teaching Rounds - Maximum of 18 hours
  - 36 hours - Alternative Source CME - Maximum of 12 hours per venue
  - Online CME (see examples below) - Clinical rotations
  - Lectures / Symposia / Conferences - Associated Certifications – 4 hours each:
    - BCLS / ACLS / PALS / NALS / PHTLS

- Failure to maintain a valid NYS EMT-P card will suspend your NYC REMAC certification until NYS is recertified.

REMACE certification exams are held monthly for new and expired candidates, and for currently certified paramedics who may attend up to 6 months before their expiration date.

REMAC CME and Protocol information is available and suggestions or questions about the newsletter are welcome. Call 718-999-2671 or email Christopher.Swanson@fdny.nyc.gov

REMSCO: www.NYCREMSCO.org  
Online CME: www.EMS-CE.com  
www.EMCert.com  
www.EMINET.com  
www.WebCME.com  
www.MedicEd.com  
www.MedicEd.com  
statenislandem.com
FDNY ALS Division Coordinators

Citywide ALS 718-999-1738
Lt. Evan Suchecki

Division 1 212-964-4518
William Meringolo

Division 2 718-829-6069
Kornelia Haynes

Division 3 718-968-9750
Gary Simmonds

Division 4 718-281-3392
Mike Romps

Division 5 718-979-7175
Marissa Crocco

Bureau of Training 718-281-8325
Hector Arroyo / Lisa Desena

EMS Pharmacy 718-571-7620
Cindy Corcoran

FDNY EMS Medical Directors

Dr. Nikolaos Alexandrou 718-999-0124
Field Response Division 3
OLMC Director

Dr. Glenn Asaeda 718-999-2790
Chief Medical Director
REMAC Coordinator

Dr. David Ben-Eli 718-999-0404
Field Response Division 4
Haz-Tac, PASU & EMS Resident Director

EMS Fellows - Field Response Divisions 5
Dr. Benjamin Zabar 718-999-0364

Dr. Dario Gonzalez 718-281-8473
Field Response Division 2
USAR/FEMA Director, OEM Liaison

Dr. Doug Isaacs 718-281-8428
Field Response Division 1
EMS Fellowship & Rescue Medec Director

Dr. Bradley Kaufman 718-999-1872
QA, EMD & EMS Training Director

Dr. Jason Zimmerman 718-999-0351

FDNY OLMC Physicians and ID Numbers

Alexandrou, Nikolaos 80282 Jacobowitz, Susan 80297
Asaeda, Glenn 80276 Kaufman, Bradley 80289
Barbara, Paul 80306 Lai, Pamela 80311
Bayley, Ryan 80314 Munjal, Kevin 80308
Ben-Eli, David 80298 Redlener, Michael 80312
Freese, John 80293 Rotkowitz, Louis 80317
Friedman, Matt 80313 Schenker, Josef 80296
Giordano, Lorraine 80243 Schneitzer, Leila 80241
Gonzalez, Dario 80256 Silverman, Lewis 80249
Hansard, Paul 80226 Soloff, Lewis 80302
Hegde, Hradaya 80262 Van Voorhees, Jessica 80310
Hew, Phillip 80267 Williams, Alan 80316
Huie, Frederick 80300 Zabar, Benjamin 80323
Isaacs, Doug 80299 Zimmerman, Jason 80824
EMS RESPONSES TO SCHOOLS FOR STUDENTS EXPERIENCING BEHAVIORAL, EMOTIONAL OR PSYCHIATRIC EVENTS

Introduction


In December 2013, a number of parents of primarily special needs students initiated a lawsuit against the City of New York, the Department of Education (“DOE”), and the Fire Department, contending that their children were being transported by ambulance to hospital emergency departments unnecessarily. The FDNY was named as a party to this litigation because EMS ambulances responded to 911 calls for students experiencing behavioral, emotional or psychiatric events and transported these students from their schools to the hospital.

The lawsuit was settled following lengthy negotiations and with the assistance of a magistrate judge who acted as a mediator. The settlement requires the DOE to issue new policies and procedures for schools to follow when responding to a student experiencing a behavioral event and in making a determination about whether to call 911 for an ambulance response. These new policies and procedures, coupled with training for DOE staff, are intended to significantly reduce the number of calls to 911 for students experiencing behavioral, emotional or psychiatric events.

After extensive negotiations among the parties and with the assistance of the magistrate judge, an agreement to resolve the issues raised in the lawsuit was reached as summarized in the Press Release below.

A Settlement is Reached

Settlement: NYC Department of Education to Adopt New Policies Regarding Sending Schoolchildren to ERs for Behavioral Issues

“Monday, December 15th, 2014, New York, NY—Under a settlement approved by U.S. District Court Magistrate Judge James L. Cott on Monday, New York City will implement new protocols and provide expanded training in specific schools to staff and appropriate resources to students in order to avoid unnecessary emergency room visits for students experiencing emotional, behavioral or psychiatric events. The settlement, in T.H. et al. v. Fariña, et al. (13 Civ. 8777), was agreed to by The City of New York and plaintiffs who are eleven children and their guardians. Plaintiffs were represented by Legal Services NYC and Cuti Hecker Wang LLP.”

The settlement resolved this lawsuit against the City of New York, the DOE, and the FDNY. Under its terms, the City and the respective agencies will implement the following changes:

- DOE will propose a new Chancellor’s Regulation for adoption to provide guidance to NYC public school staff as to when school officials should call 911 for a child experiencing an emotional, behavioral, or psychiatric event.
- DOE will expand the role of schools’ Crisis Intervention Teams to include identifying strategies for de-escalating behavioral crisis situations; identification of locations where students in crisis may be safely

isolated within the school; and identification of in-school and community resources available to the school and parents.

- DOE will provide Therapeutic Crisis Intervention for Schools (TCIS) training to 1500 staff members over the course of three years at schools that have been identified as having high rates of transports for emotional/psychological conditions.

- DOE will implement modifications to its Online Occurrence Reporting System in order to improve data collection on EMS calls and/or transports and will periodically provide Plaintiffs with data on EMS calls and transports of public school students experiencing emotional, behavioral or psychiatric events.

- FDNY will ensure emergency medical service (EMS) personnel are familiar with departmental policies governing the treatment and transport of minors, and the policies regarding refusal of medical aid for minors. In addition, the FDNY will periodically provide Plaintiffs with data on EMS calls and transports of public school students experiencing emotional, behavioral or psychiatric events.2

**Implications of the Settlement for EMS**

As you can see from the outline of the settlement provisions above, most of the settlement obligations are the responsibility of DOE and are intended to provide schools with the resources and guidelines for responding to students experiencing behavioral, emotional or psychiatric events so that schools do NOT activate the 911 system unnecessarily.

If the student’s behavioral, emotional or psychiatric event can be appropriately handled by DOE staff and without the necessity of requesting 911 ambulance assistance, EMS intervention and ambulance transport to a hospital may be avoided and the student can receive the help that s/he needs without going to the hospital. In addition, if EMS receives fewer requests to respond to schools because behavioral, emotional or psychological events are properly addressed on-site by qualified DOE personnel, EMS personnel and resources can be available for other persons requiring prehospital emergency medical treatment and transport.

As noted, the settlement obligations involving EMS are limited to those outlined in the last bullet point of the press release above. In essence, FDNY will ensure that its personnel are fully familiar with existing policies and procedures pertaining to the treatment and transport of minors and the refusal of medical aid (RMA) for minors. In addition, FDNY will periodically provide data to the Plaintiffs regarding transports from schools. However, no changes to existing EMS policies and procedures are required by the settlement agreement.

As you know, once EMS receives a request to respond, there are certain policies and procedures that must be followed with respect to transporting a patient as well as for evaluating whether a request to RMA may be honored. FDNY is required by the settlement to reinforce the relevant existing policies and procedures so that EMS personnel are sensitive to the issues that may arise when responding to schools and understand all components of the applicable policies and procedures. Specifically, EMS personnel must review and be familiar with the Operating Guide Procedures listed below and act accordingly.

**Please review these procedures in their entirety and speak to an Officer if you have any questions with respect to these procedures.**

- OGP 106-04 Refusal of Medical Aid
- OGP 106-05 Treatment and Transport of a Minor
- OGP 106-08 Emotionally Disturbed Persons

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March – April, 2015 – Journal CME Newsletter
Onscene at Schools

EMS personnel should be particularly sensitive to issues that may arise when responding to behavioral, emotional or psychiatric events experienced by students at schools. These situations may present special challenges, particularly because the student’s parent is unlikely to be onscene unless the school has contacted the parent and requested that they come to the school and they have arrived at the school either before or during your response. You should be aware that school officials may inform you that a student’s parent is on the telephone and is requesting to speak with a member of the crew. (See below — “What’s New? A Parent’s Request to Speak to EMS Personnel”). You should also expect that in some circumstances, a request to RMA for the student may be encountered upon your arrival at the scene.

When responding to a school in response to a request involving a behavioral, emotional or psychiatric event, EMS members shall perform an assessment of the student in accordance with the applicable EMS Operating Guide Procedures and protocols. EMS personnel should obtain relevant information about the student from others as appropriate (for example, teachers, nurses, the student’s parent, etc.).

As RMA requests give rise to special considerations, please carefully review the procedure for determining whether an RMA request may be honored.

An RMA request may be considered when made by a parent (see OGP 106-04 Section 3.2.2)). It should be noted that as defined in OGP 106-04, for purposes of RMA, the definition of “guardian” includes grandparents and school officials.

An RMA request requires that a determination be made as to whether such request may be honored. As set forth in OGP 106-04, the determination as to whether an RMA may be accepted must include:

a) A determination as to whether the index of suspicion is high (the concern that an individual may have an acute medical, traumatic, psychiatric, social or other condition that could result in a life-threatening or life altering outcome) or low and;

b) A determination, where applicable, as to the mechanism of injury (none, moderate, severe); and

c) A determination as to whether the student is in a safe environment (an environment which is not believed to be an immediate danger to the health or safety of the patient).

Additionally, as set forth in OGP 106-04, the determination as to whether an RMA may be accepted must be made in consultation with OLMC where required:

1) An RMA may be accepted without the assistance of OLMC if the RMA request is for a minor patient who is 6 years of age or older when, following an assessment by the crew, ALL of the following are present: LOW index of suspicion that immediate medical treatment and/or transport is required; there has been no administration of medication; the patient is in a safe environment.

2) An RMA may be accepted with the assistance of OLMC when the RMA request is for a minor patient when the request is for a child who is 5 years old or younger or for a child who is six years old or older (i.e., all ages) and ANY of the following are present: the patient requires immediate medical treatment and transport to a hospital based on a high index of suspicion, there has been administration of medication, the patient is in an unsafe environment.

IMPORTANT: If a minor student is determined to have a life-threatening medical condition, the crew shall provide all appropriate prehospital medical care consistent with EMS protocols, procedures, and policies, and transport the student to the closest appropriate hospital, regardless of any RMA request. If the patient is

3 For purposes of RMA, a parent means a parent or guardian as defined in OGP 106-04.
determined to be medically stable and the EMS provider has questions about whether an RMA may be accepted or other concerns, OLMC may be contacted for assistance.

**What’s New? – A Parent’s Request to Speak to EMS Personnel**

There is one new requirement that did arise out of the settlement (although not highlighted in the Press Release). In addition to the agreement to reinforce applicable existing policies, EMS personnel are required, upon the request of a parent who is not on the scene but who has been reached by DOE staff by telephone, to speak with the parent if to do so is feasible and will not interfere with carrying out EMS duties and responsibilities.

This requirement does not change any of our current policies, procedures, or protocols, but it does require that an EMS crew member speak to an individual by telephone when: (1) a school official has identified such individual as a parent; (2) the parent requests to speak with EMS; and (3) if it is feasible to do so and it will not interfere with carrying out EMS duties and responsibilities. EMS personnel should maintain a professional demeanor when speaking with a parent on the telephone and should return the telephone to a school official at the end of the conversation. When EMS personnel do speak with a parent by telephone, any information relevant to the condition of the child provided by the parent on the telephone should be treated in the same manner as if the parent were onscene providing the information. When a school official identifies the individual on the phone as the student’s parent, EMS personnel shall accept that this individual is in fact the parent.

As previously discussed, it is anticipated that in some instances a parent on the telephone may request that his or her child not be transported to the hospital — that they be allowed to RMA. The EMS member should inform the parent that they have noted the request and that the determination to transport the child to the hospital will be made in accordance with regular EMS procedures and protocols. The EMS member should further inform the parent that if a determination is made that the child requires transport to a hospital and if the parent is not onscene or is not being transported with the child, either EMS personnel or the school will inform the parent as to which hospital the child will be taken. If DOE staff is unable to contact the parent, the EMS crew shall perform an assessment and follow their regular procedures to determine if the child requires transport to the hospital, contacting medical control as necessary.

**REMINDER:** At no time shall EMS personnel be required to speak with a parent on the telephone if a determination is made that such conversation will jeopardize the appropriate assessment, treatment, and transport of the patient. EMS personnel are required to speak with the parent of a student by telephone if it is feasible to do so and it will not interfere with carrying out their duties and responsibilities.

Following a request by a parent to speak to the EMS personnel, if it is determined that based upon onscene circumstances, a crew member is unable to speak with the parent because it is not feasible and/or to do so will interfere with carrying out your duties and responsibilities (for example, a delay caused by speaking on the telephone will result in increased harm to the student, or the telephone used to reach the parent is a landline located far from where EMS is assessing the student in a remote area of the building) circumstances permitting, DOE staff should be informed that you are unable to speak with the parent and the reason that you are unable to do so. The reason that you were unable to speak with the parent should be documented in the narrative portion of the ePCR.

**When Speaking to a Student’s Parent Who Seeks to RMA**

As you might expect, a 911 call to EMS may cause great anxiety for both the child and the parent. EMS members should be sensitive to the reasons that a parent may seek to RMA and address such concerns to the extent possible, with the assistance of school staff as necessary. For example, the parent may fear the child will be left unattended at the hospital or the parent may be concerned that the school will not allow the child to return. School staff should be able to address those concerns. Additionally, parents may have many questions, including
the reason that it is necessary to go to the hospital at all. Some examples of questions that may be helpful in anticipating the types of questions and appropriate answers are below. Responding carefully to a parent’s concerns may be helpful to the parent in explaining a difficult situation and to the crew, which may benefit from the parent’s better understanding of the situation.

Q: Why does my child need to go to the hospital? He is just having a tantrum.

A: We need to take him to the hospital because he is banging his head against the floor and may have caused himself a serious medical injury.

Q: To which hospital are you taking him? His doctor is at NYU.

A: We will check with a Fire Department physician to see if we can bring him to NYU. Although it is not the closest hospital to his school, if it is within the area to which we are allowed to transport, we will do so. Either the school or EMS personnel will let you know where he will be taken.

Documentation

All school responses should be fully documented on the ePCR. Special care should be taken to carefully document instances where an RMA is requested and the circumstances under which such request is either granted or denied in the narrative portion of the ePCR. Signatures should be obtained as appropriate. It should also be noted if a crewmember spoke with a parent, either in person or by telephone. If a request to speak with EMS personnel was made but was denied, documentation should include the reason for such denial.

Conclusion

As highlighted by this article, responding to schools for students experiencing behavioral, emotional or psychiatric events can give rise to special challenges for EMS responders. It is anticipated that as a result of DOE’s new procedures and protocols for responding to students experiencing behavioral, emotional or psychiatric events, the number of requests for an EMS response to schools for incidents of this type will decrease. However, in order to ensure that you are prepared when responding to these situations, please thoroughly review the Operating Guide Procedures referenced in this article and complete the quiz on TRAQs.

Written by: **DR. GLENN ASAEDA**

FDNY Chief Medical Director
All 10 questions for ALS and BLS Providers

1. New DOE training should decrease the activation of the 911-EMS system for behavioral emergencies in schools.
   a. True
   b. False

2. If a school official asks the EMS provider to speak to a student’s parent on the phone, the provider should:
   a. Speak to the parent on the phone
   b. Explain to the school official that we cannot verify that it is indeed the parent on the phone
   c. Instruct the school official to have the parent call Telemetry to speak to the doctor
   d. Explain to the parent on the phone that you cannot accept an RMA over the phone

3. The EMS provider does not have to speak with a parent on the phone when:
   a. the principal is not in the room
   b. the student has a potentially life-threatening condition
   c. the phone is not on a recorded line
   d. the student has no psychiatric history

4. The settlement, in T.H. et al. v. Fariña, et al. (13 Civ. 8777), agreed to by The City of New York and plaintiffs will require that:
   a. the FDNY provide new training procedures for handling calls to New York City schools
   b. the FDNY will periodically provide data on EMS calls and transports of public school students experiencing emotional, behavioral or psychiatric events
   c. the FDNY will provide a new call type for pediatric psychiatric patients
   d. the FDNY provide new training procedures for handling parental phone calls

5. Calls to a school for an EDP require:
   a. sensitivity to the concerns of parents
   b. an Unusual Occurrence Report
   c. an Incident Report
   d. contact with OLMC

6. Speaking to a parent of a school child can help the parent understand the need for hospital transport.
   a. True
   b. False
7. The narrative portion of the PCR should be used to document:
   a. Reasons for a parent refusing care for the child
   b. Why the crew was unable to speak to a parent by phone
   c. If the parent was in contact with the crew by phone
   d. All of the above

8. According to OGP 106-04, a guardian is someone who:
   a. Can physically protect a child
   b. Is legally responsible for a minor
   c. Holds a health care proxy for a patient
   d. All of the above

9. According to OGP 106-05, if a parent or guardian is not available to provide consent at the scene, all of the following are true, except:
   a. Emergency medical care may be rendered to minors without the consent or presence of the parent or guardian.
   b. If no one is willing or able to accompany the minor to a medical facility, removal shall be accomplished expeditiously.
   c. The minor can provide their own consent.
   d. If Police Officers are not present onscene, the dispatcher shall advise the Police Department as to which medical facility the minor is being transported

10. If a parent requests a RMA by telephone for a student at a school who is experiencing an emotional, behavioral or psychiatric event, then pursuant to paragraph 5.5.5 of OGP 106-04, the Telemetry Physician must be contacted for a determination as to whether the RMA may be accepted?
    a. True
    b. False
Based on the CME article, place your answers to the quiz on this answer sheet. Respondents with a minimum grade of **80%** will receive **1 hour** of Online/Journal CME.

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Please submit this page **only once**, by one of the following methods:
- FAX to 718-999-0119 or
- MAIL to FDNY OMA, 9 MetroTech Center 4th flr, Brooklyn, NY 11201

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**Contact the Journal CME Coordinator at 718-999-2790:**
- three months before REMAC expiration for a report of your CME hours.
- for all other inquiries.

*Monthly receipts are not issued. You are strongly advised to keep a copy for your records.*

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Note: if your information is illegible, incorrect or omitted you **will not** receive CME credit.

**check one:** EMT  Paramedic  _______________  **other**

Name

NY State / REMAC # or “n/a” (not applicable)

Work Location

Phone number

Email address

Submit answer sheet by the last day of May 2015

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**March – April 2015 CME Quiz**

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Regional CME – Sessions are subject to change. Please confirm through the listed contact.

See other opportunities at [www.nycremsco.org](http://www.nycremsco.org) under News & Announcements

**Note:** A plentiful source of **Call Review** is **E.D. Teaching Rounds** (maximum of 18 hours)
See any hospital E.D. Administrator for availability (especially HHC hospitals)

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<td>BK</td>
<td>Kingsbrook</td>
<td>contact to inquire →</td>
<td>ED Conference Room</td>
<td>Aaron Scharf 718-363-6644</td>
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<tr>
<td></td>
<td>Lutheran</td>
<td>contact to inquire →</td>
<td></td>
<td>Dale Garcia 718-630-7230 <a href="mailto:dgarcia@lmcmc.com">dgarcia@lmcmc.com</a></td>
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<td>MN</td>
<td>Lenox Hill &amp; Health Plex</td>
<td>contact to inquire →</td>
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<td>Brian Lynch 512-589-9128</td>
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<td>Mt Sinai Hosp</td>
<td>Call Review, Lecture</td>
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<td><a href="http://www.lhche.org">Lenox Hill Hospital EMS</a></td>
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<td></td>
<td>NY Presbyterian</td>
<td>contact to inquire →</td>
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<td>Eunice Wright <a href="mailto:eunice.wright@mountsinai.org">eunice.wright@mountsinai.org</a></td>
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<tr>
<td></td>
<td>NYU School of Medicine</td>
<td>Call Review, Lecture</td>
<td></td>
<td><a href="mailto:danielle.milbauer@nymc.org">Danielle Milbauer@nymc.org</a> <a href="http://cme.med.nyu.edu/course">http://cme.med.nyu.edu/course</a></td>
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<tr>
<td>QN</td>
<td>Elmhurst Hosp</td>
<td>Call Review: Trauma Rounds</td>
<td>A1-22 Auditorium 1st Wednesdays, 1300-1400</td>
<td>Anju Galer, RN 718-334-5724 <a href="mailto:galera@nychhc.org">galera@nychhc.org</a></td>
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<td></td>
<td>Mt Sinai Qns</td>
<td>Call Review, Lecture</td>
<td>25-10 30 Ave, conf room</td>
<td>Donna Smith-Jordon 718-267-4390</td>
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<tr>
<td></td>
<td>NYH Queens</td>
<td>contact to inquire →</td>
<td>East bldg, courtyard flr</td>
<td>Mary Ellen Zimmermann RN 718-670-2929</td>
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<td></td>
<td>Queens Hosp</td>
<td>Call Review</td>
<td>Emergency Dept 2nd &amp; 4th Thurs 1615-1815</td>
<td>Maria Jones or Julia Fuzailov 718-883-3070</td>
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<td></td>
<td>St John’s University</td>
<td>contact to inquire →</td>
<td>175-05 Horace Harding Expwy</td>
<td><a href="http://www.stjohns.edu/ems/cme">718-990-8436</a></td>
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<td><a href="mailto:mscarlet@ehs.org">Michelle Scarlett</a></td>
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<td>contact to inquire →</td>
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<td>Tony McKay NRP <a href="mailto:amckay@rumsco.org">amckay@rumsco.org</a></td>
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<td>SIUH North &amp; South</td>
<td>Call Review</td>
<td>Inquire →</td>
<td>718-226-5032 <a href="http://www.statenislandem.com">www.statenislandem.com</a></td>
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</table>
# 2015 NYC REMAC Examination Schedule

<table>
<thead>
<tr>
<th>Month</th>
<th>Registration Deadline</th>
<th>Refresher exams¹</th>
<th>Basic exams²</th>
<th>NYS/DOH Written³</th>
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<td>No fee for exam</td>
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<td>January</td>
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¹ REMAC Refresher examination is offered for paramedics who meet CME requirements and whose REMAC certifications are either current or expired less than 30 days. To enroll, go to the REGISTER link under “News & Announcements” at nycremsco.org before the registration deadline above. Candidates may attend an exam no more than 6 months prior to expiration. Early testing is strongly encouraged; there is no loss of certification time.

² REMAC Basic examination is for initial certification, or inadequate CME, or certifications expired more than 30 days. Seating is limited. Registrations must be postmarked by the deadline above. Exam fee by $100 money order to NYC REMSCO is required. All Basic candidates must meet new education requirements. Email Christopher.Swanson@fdny.nyc.gov for instructions.

³ NYS/DOH exam dates are listed for information purposes only. Scheduling is through your paramedic program or contact NYS DOH for more information.

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