

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

PROVIDER COURSE ROSTER

Mail roster to: REMSCO, 475 Riverside Drive, **Suite 1929**, New York, NY, 10115 or **FAX** to: (212) 870-2302

PRINT CLEARLY

Lead Instructor: _____ Daytime Tel #: () _____

Home Address: _____
street city/state zip code

Course Location: _____

Mailing Address for cards:	Name of Person To Receive Cards _____
Organization Name _____	
Dept/Room #/Building _____	
Address _____ <small>street city, state zip code</small>	

Assisting Instructors*:

Name	SS#	Level of Certification	Exp. Date
1.			
2.			
3.			

**If the Assisting Instructors are not AHA/REMSCO Instructors, a copy of their current card must be attached to each roster submitted.*

For ACLS and PALS courses only:

Course Director: _____ TEL #: () _____

Medical Consultant: _____ TEL #: () _____

Course Information: Check applicable modules

BCLS:	• Heartsaver CPR \$2.00 (• Adult • Child • Infant)
	• Heartsaver AED \$4.00 (• Adult CPR & AED • Child CPR • Child AED • Infant CPR)
	• BLS for Healthcare Providers \$4.00 (• Original • Recertification)
ACLS:	\$5.00 • Original • Recertification
PALS:	\$5.00 • Original • Recertification
PAD:	• Manual & Card \$8.00
CPR Plus:	• Manual & Card \$10.00

of Students Enrolled: _____ # of Students Completed _____

Course Dates: _____
date started date completed total # of hours

Fee for Cards: Amount Enclosed \$ _____ (Checks payable to REMSCO) **On Account** _____

For Office Use Only:

DATE REC'D: _____ ACTIVITY RECORDED: _____ DATE CARDS ISSUED: _____

Cards Issued # _____ to # _____

- over -

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LAST Name (Type or Print Clearly)	FIRST Name (Type or Print Clearly)	Home Address	Skills P=Pass, F= Fail	Exam (Indicate Score)	(For Office Use) Card #
1.					
2.					
3.					
4.					
5.					
6.					
7.					

I certify that this course has been conducted in accordance with the guidelines of the Regional Emergency Medical Services Council of New York City and the AHA/NYC Affili ate.

Signature

Number of Addendums Attached: _____

Please remember to file separate rosters for each course, fill in all information, include a daytime phone number, and keep a copy of this roster for at least three (3) years.