PROVIDER COURSE SCHEDULE COURSE NOTIFICATION FORM

Institutions conducting provider courses on an impromptu basis are required to submit a Provider Course Schedule Form to REMSCO 10 days prior to the start of the course offering.

Provider Course Information: Instructor/student ratios are one (1) to six (6). If you deviate from the course outline, attach a copy of the outline you intend to follow, including the number of sessions, time allotted for each topic, equipment and faculty.

Please complete all sections below and mail this form to REMSCO, 475 Riverside Drive, **Suite 1929**, New York, New York, 10115 or **FAX** to (212) 870-2302. REMSCO will notify you *only if* there is a question or concern regarding the course(s) listed below.

ead Instructor:			SS#:	
Home Address:				
	street	cit	y/state	zip code
Level of Certification:		Expiration Da	te: D	Oay Tel #:
Organization:		Tel #:		
Course Location:				
	street	room/buildi	ng city/sta	ite zip code
For ACLS and PALS O	NLY:			
Course Director:	Day Tel #:			
Medical Consultant:		Day Tel #:		
Please list all courses		# of Davis	Turns of Court	Onininal /Decemb
Date(s)	Time	# of Days	Type of Cour	rse Original/Recert.
1.				
2.				
3.				
4.				
5.				
Emergency Medical Serv	ices Council of Ne		e AHA/NYC Affiliate 	guidelines of the Regional
Si	gnature		Date	