SREMS REMAC
Susquehanna Regional EMS Council, Inc.
311 Exchange Avenue ▪ 2nd Floor Unit 2
Endicott, NY 13760
Ph 607.699.1367 ▪ Fax 607.397.2728

Provider MFI Record

Provider Name_____ Paramedic #_____

Agency Name _____

MFI Date	Live/Simulated		Successful/Unsuccessful	

Medical Director Signature_____

Date_____