

Instructions

This application must be completed and signed prior to recertification. Please print or type all information in the spaces provided. All signatures must be original and in ink. Failure to properly complete this application may result in a delay in recertification. ***Please review the recertification requirements on the reverse of this application.***

Section A Applicant Information

Certified Lab Instructor # _____ Certified Instructor Coordinator # _____

NYS EMS # _____

Name _____
Last Name First Name Middle initial

Address _____
Street

_____ City State Zip Code

_____ County

Social Security # _____
(Last 4 Digits)

Date of Birth _____

Phone _____
Home Phone Cell Phone Work Phone

E-Mail Address _____

Section B CLI/CIC Teaching Experience

The above named individual has been employed as a:

- A. Laboratory Instructor for course number(s) _____
- B. Certified Instructor Coordinator of record for course number(s) _____

_____ Course Sponsored Code Signature of Course Sponsor Administrator Date

Section C Instructor Continuing Education Completed – Submit Certificates – Use Additional Page If Needed

Course #	Date	Topic or Course Description	# of Hours

Section D Pre-Hospital Patient Care Experience (CLI only)

The above named EMS provider is actively providing on-going, direct, hands-on, pre-hospital patient care with

_____ From _____ To _____
Name of EMS Agency Date Date

_____ Signature of Chief Operations Officer or equivalent Supervisor Agency Code

_____ Print Name of Chief Operations Officer or equivalent Supervisor Date

I affirm that in accordance with the requirements of 10 NYCRR 800, I have NOT been convicted of any misdemeanors or felonies. I understand that if I have a conviction it will be individually reviewed and that any such conviction may not be an automatic bar to certification. The Department of Health will determine if the conviction is applicable under the provisions of Part 800.

DO NOT SIGN IF YOU HAVE ANY CONVICTIONS

I hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as applicant. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

 Print Applicant's Name

 NYS EMT #

 Applicant's Signature

 Date
Certification Requirements

Refer to the current BEMS Policy Statement for Instructor Certification at: <http://www.health.ny.gov/professionals/ems/>

Applicant must meet the eligibility requirements listed below:

1. Must hold current certification as a NYS EMT or higher. Candidates must be certified at or above the desired teaching level.
2. Must have taken a NYS instructor level written certification examination and scored at least 70% (only required once throughout instructor certification – not once every recertification cycle).
3. CLI only – Must be actively providing on-going, direct, hands-on, pre-hospital patient care with a NYS EMS agency for a minimum of one year within the last three years for CLI recertification.
4. For CLI recertification - Must provide evidence of participation as a CLI in at least one course within the last three years.
For CIC recertification - Must have served as the CIC of record for at least one NYS BEMS approved course within the past three years
5. Provide evidence of participation in at least three (3) hours of instructor-level continuing education approved by the Bureau of EMS Central Office (i.e. NYS EMS Certified Instructor Update) **AND** five (5) hours of other formal educator methodology based education. Certificates or letters of completion must be submitted with this application.
6. As a practicing CIC or CLI, comply with:
 - NYS Public Health Law.
 - Chapter VI Title X Part 800 of the Official Compilation of Codes, Rules and Regulations.
 - Policies and manuals as issued by the Bureau of EMS.

Violations of this section may result in denial of instructor recertification or suspension or revocation of current instructor certification based upon a review by the Bureau of EMS.

This application and all supporting documentation may be submitted by any one of the following methods (email or fax preferred) and must have a legible signature or certified electronic signature:

Mail to

NYS Department of Health
Bureau of Emergency Medical Services
875 Central Avenue
Albany, New York 12206
(518) 402-0996

Fax to:

NYS Department of Health
Bureau of EMS
Attn: Instructor Unit
(518) 402-0985

Email to:

NYS Department of Health
Bureau of EMS
Attn: Instructor Unit
emsmail@health.ny.gov

FOR BEMS USE ONLY

Application approved by NYS EMS Central Office

Signature _____ Date _____