

Course Sponsor Number:

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Sponsor Name: \_\_\_\_\_

Course Type/Level: \_\_\_\_\_

Course Number:

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Certified Instructor Coordinator: \_\_\_\_\_

Course Start Date: \_\_\_\_\_

Written Test Date: \_\_\_\_\_

Cancellation Date: \_\_\_\_\_

Sponsor Administrator: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(signature)

\_\_\_\_\_  
(Print Name of Administrator)

Reason For Cancellation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form must be used to notify the Bureau of EMS that the above Training/Certification Course has been cancelled. Please complete this form and Mail or Fax it to the Bureau of EMS Certification Unit as soon as possible. Notifications received at the Bureau of EMS less than 6 weeks before the scheduled NYS Written Certification Examination for the cancelled course the Course Sponsor will be subject to a Statement of Deficiency and/or monetary fines.

New York State Bureau of EMS  
875 Central Avenue  
Albany, NY 12206  
ATT: Certification Unit

Fax Number: (518) 402- 0985