

New York State Department of Health Bureau of Emergency Medical Services

Change in Course Sponsorship Personnel

Please use our website to submit. Go to “EMS Forms” and find “Course Sponsor Administration Portal”

Note the following items:

- This form is to be completed, in its entirety, for any change in administration for your New York State EMS Course Sponsorship.
- A curriculum vitae must accompany this form anytime there is a change in the sponsorship’s Medical Director or Paramedic Program Director.
- The Paramedic Program Director must also include their teaching credentials. There will be a spot to upload on the portal. This includes state instructor certs and ACLS/PALS certs.
- Either the Sponsor Administrator or the Sponsor Liaison must have current, or past, experience has a CIC.
- The changes you make on this form will not be officially completed until you receive confirmation from the Bureau of EMS Central Office.

Any change in administration requires that all parties listed on this form must sign to acknowledge the administrative changes.

Sponsor Code: _____ - _____

Date: _____

Sponsor Name: _____

Course Sponsor's Medical Director

Name: _____
(Last Name) *(First Name)* *(MI)*

As the Sponsor's Medical Director, I understand that it is my responsibility to assure the medical accuracy and appropriateness of the educational programs and to supervise all clinical and internship programs. I have reviewed the course sponsorship requirements and agree to comply.

Signed: _____ Date: _____
Sponsor Medical Director

Chief Executive Officer of Corporation/ Municipality

This position is required to assure that the Course Sponsorship abides to all local, NYS and Federal laws and regulations that pertain to the operation of a business or municipality in the State of New York.

This Applicant specifically acknowledges that this application is a contract for services supplied by the Applicant.

Name: _____
(Last Name) *(First Name)* *(MI)*

I have reviewed the course sponsorship requirements and responsibilities and agree to comply.

Signed: _____ Date: _____

Chief Executive Officer of Corporation/Municipality

Paramedic Program Director

(For Paramedic Original Course Sponsor's Only)

The Paramedic Program Coordinator is the person who provides overall direction and coordination of the planning, organization, administration, periodic review, continued development, funding and effectiveness of the paramedic program. An EMT-Paramedic Original Course Sponsor must employ a full-time program director whose sole responsibility is to the EMT-Paramedic educational program. They must be currently certified as a New York State (NYS) Certified Instructor Coordinator (CIC), must maintain NYS certification as a Paramedic, and be qualified through academic preparation, training, and experience to teach the course. They must maintain certification with the American Heart Association as an ACLS Instructor or have equivalent instructor level training. The Program Director is an employee of the Course Sponsor and accountable to the Course Sponsor's Administrator. When the Paramedic Program Director is not the course CIC, the Bureau may consider alternative staffing criteria.

I have read, understand and agree to comply with the conditions and requirements of Part 800 of the Rules and Regulations, the administrative policies and procedures outlined in the current Administrative Manual for EMS Educational Programs and its supplements. As Paramedic Program Director I am aware that I am responsible to provide overall direction and coordination of the planning, organization, administration, periodic review, continued development, funding and effectiveness of the paramedic program.

Name: _____
(Last Name) *(First Name)* *(MI)*

P.P.D
Signature: _____ Date: _____