



# Hudson Valley Regional EMS Council Training and Education Program



## **NYS DOH BEMS** **Certified Lab Instructor Pre-Screening & Training Program**

The HVREMSCO Training Committee will be conducting a Certified Lab Instructor Course (CLI) this Spring. This CLI course will cover the new NY State DOH, Bureau of EMS Instructor Course Curriculum. *Prior to admittance into the CLI Training Program, each candidate must successfully complete the Pre-screening Exam.*

All Course Sponsors are asked to follow the HVREMSCO Instructor Course Policy and Procedure Manual when submitting applicants to the CLI Pre-screening Course.

All applicants must have a valid NY State DOH EMT or AEMT certification and meet all CLI certification eligibility requirements (with the exception of a current exam score) prior to admission to the Pre-screening.

Please note: Although not required to attend and complete the course, candidates must achieve a minimum score of 85% on a recent NYS Certification exam (BLS section) prior to certification as a CLI by the New York State Department of Health, Bureau of EMS. To schedule an Instructor Score only examination, contact the NYS DOH BEMS at 1-800-628-0193.

Location	Dates / Times
<b>CLI Pre-Screening</b> <b>Mobile Life Support Services- HQ</b> <b>3188 Route 9W</b> <b>New Windsor, NY 12553</b>	<b>Sunday, March 21, 2010 @ 9AM</b>
<b>CLI Program</b> <b>Mobile Life Support Services- HQ</b> <b>3188 Route 9W</b> <b>New Windsor, NY 12553</b>	<b>Mondays and Wednesdays</b> <b>March 31<sup>st</sup>, April 5<sup>th</sup>, 7<sup>th</sup>, 12<sup>th</sup>, and</b> <b>14<sup>th</sup></b> <b>7PM to 10PM</b>

For more information, contact your Course Sponsor or the  
HVREMSCO office at:  
(845) 534-2430



# Hudson Valley Regional Emergency Medical Services Council

Training & Education Programs  
45 Academy Avenue~ Cornwall-on-Hudson, NY 12520  
(845) 534-2430 ~ fax: (845) 534-3070

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## Application for Instructor Course: CLI Pre-Screening

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Level of Certification:  EMT-Paramedic  EMT- Critical Care  EMT-Intermediate  EMT

NYS EMT Certification # \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

### Applicant Information *(Please Type or Print Legibly)*

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

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### Course Sponsor Information

Course Sponsor Name \_\_\_\_\_ NYS Sponsor Number \_\_\_\_\_

Course Administrator \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

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### EMS Experience *(List EMS Providers within the past three (3) years)*

Agency Name	Job Title	Dates Employed/Member	Supervisor's Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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### Certification Requirements\*

1. Current NYS EMT/AEMT Card
2. Verification you have achieved an 85% or greater on the last certification exam\*\*
3. Verification from an officer of an EMS organization indicating that you have a minimum of two (2) years experience as an EMT in a pre-hospital setting within the last three (3) years
4. A letter of sponsorship from a current NYS EMS Course Sponsor, indicating their intention to allow you to complete your CLI internship under their supervision/employ.
5. A letter from a current Instructor Coordinator affiliated with the above course sponsor recommending you for the CLI course.

\*If you are unable to meet items 1, 3, 4, and 5 of the above requirements, admission to the CLI Prescreening and CLI Course will be denied.

\*\* Item 2 may be satisfied during or after course completion. To schedule an exam for an "instructor score" contact the NYS DOH Bureau of EMS at 1-800-628-0193.

***I hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as the applicant.***

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_