



Hudson Valley Regional Emergency Medical Services Council

Training & Education Programs
Newburgh, NY 12550
(845) 567-6740 ~ fax: (845) 567-6730

Application for Instructor Course: Certified Instructor Coordinator

Applicant Information *(Please Type or Print Legibly)*

NYS Certification # _____ CLI # _____ Expiration Date ____ / ____ / ____

Last Name _____ First Name: _____ M.I. _____

Birth date: _____ / _____ / _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Primary Phone # _____ Secondary Phone # _____

Course Sponsor Information

Course Sponsor Name _____ NYS Sponsor Number _____

Sponsor's Administrator _____ Contact Phone Number _____

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

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

Certification Requirements*

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

*If you are unable to meet the above requirements, admission to the CIC Course will be denied. If you have any questions, contact the Regional Office.

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 ____ / ____ / ____