



Hudson Valley Regional Emergency Medical Services Council

Training & Education Programs
259 Route 17k~ Newburgh, NY 12550
(845) 567-6740 ~ fax: (845) 567-6730

Application for Instructor Course: CLI Pre-Screening

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 # _____

Course Sponsor Information

Course Sponsor Name _____ NYS Sponsor Number _____

Course 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. 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 prehospital 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 the above requirements, admission to the CLI Prescreening and CLI Course will be denied. If you have any questions, please 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 ____ / ____ / ____