



# Hudson Valley Regional Emergency Medical Services Council

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

## Course Sponsor's Instructor Candidate Checklist

Date \_\_\_\_\_

Course Sponsor: \_\_\_\_\_ Sponsor's Code \_\_\_\_\_

Sponsor's Administrator \_\_\_\_\_

Checklist for:           CIC           CLI

Candidate Order of Preference	Candidate Name	Copy of EMT/AEMT Card	Prescreening Application	Exam Verification	Agency Verification	Course Sponsorship Letter	CIC Sponsorship Letter	NYS Application for Instructor Certification	NYS Instructor Sheet	CLI Certificate (CIC Only)
1			XX					XXX	XX	
2			XX					XXX	XX	
3			XX					XXX	XX	
4			XX					XXX	XX	
5			XX					XXX	XX	
6			XX					XXX	XX	
7			XX					XXX	XX	
8			XX					XXX	XX	
9			XX					XXX	XX	
10			XX					XXX	XX	

- **The first two candidates listed on this form will be guaranteed admission to the program, provided all appropriate documentation is submitted.**