

Certification Requirements

Certified Lab Instructor

1. Successfully complete the CLI Course.
2. Serve a teaching internship under the supervision of a CIC in either an EMT or Advanced EMT course. The internship must meet the objectives outlined in the training program and NYS EMS Program Policy Statement 90-3.
3. Submit to the NYS EMS Field Representative the following items:
 - A) This application form with the following supporting documents:
 - 1) Copy of your current EMT/AEMT card; (You must have achieved an 80% or greater on your last certification exam.)
 - 2) Verification of one year prehospital clinical experience within the last three years;
 - B) A CLI Internship Completion Form (DOH-3378);
 - C) A favorable Lab Instruction Audit Report (DOH-2423), completed by the supervising CIC;
 - D) A favorable Lab Instruction Audit Report (DOH-2423), completed by a CLI; and
 - E) A letter of recommendation from the Regional EMS Council Training Committee, if one exists.

Certified Instructor Coordinator

1. Successfully complete the CIC Course.
2. Serve a teaching internship under the supervision of a CIC in either an EMT or Advanced EMT course. The internship must meet the objectives outlined in the training program and NYS EMS Program Policy Statement 90-3.
3. Submit to the NYS EMS Field Representative the following items:
 - A) This application form with the following supporting documents:
 - 1) Copy of your current EMT/AEMT card; (You must have achieved an 80 % or greater on your last certification exam.)
 - 2) Verification of two years prehospital clinical experience within the last three years;
 - B) A CIC Internship Completion Form (DOH-3377);
 - C) A favorable Didactic Presentation Audit Report (DOH-2424), completed by the supervising CIC;
 - D) A favorable Didactic Presentation Audit Report (DOH-2424), completed by a Regional Faculty member or a NYS EMS Field Representative; and
 - E) A letter of recommendation from the Regional EMS Council Training Committee, if one exists.

Section E. Certification Statement

I do affirm that I have not been convicted of a crime or crimes related to murder, manslaughter, assault sexual abuse, theft, robbery, drug abuse, or sale of drugs or currently under charges for such a crime. I acknowledge that the information set forth on this form is true and accurate.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Field Representative's Recommendation _____

Associate Director's Approval _____

Issued Instructor number:

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Date

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Initial _____

Application for Instructor Certification

Instructions: This application must be completed, signed and the required documents submitted prior to certification. Please print or type all information in the spaces provided. Failure to complete and sign this application and/or submit the required documentation will result in a delay in certification.

Section A. Applicant Information

I am applying for: Certified Lab Instructor Certified Instructor Coordinator

Last Name	First Name, middle initial

Address

City	State	Zip Code

County	Home phone	Work phone

EMT/AEMT Number	Social Security Number	Date of Birth

Section B. Formal Education

Institution where you received your highest level of formal education:

Institution Name _____ City _____ State _____

Highest level of formal education: High School Associate Bachelors Masters Doctorate --- Date received

Section C. EMS Instructor Certification

If you currently have an EMS Program Assigned Instructor Number, list here:

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Check all boxes that apply and attach a copy of current certificate

- CTC INSTRUCTOR
 AAPS INSTRUCTOR
 PPCC INSTRUCTOR
 PHTLS INSTRUCTOR
 ACLS INSTRUCTOR
 AHA CPR INSTRUCTOR
 ARC CPR INSTRUCTOR

Section D. EMS Clinical Experience

List EMS provider agencies within past three years

Agency Name	Location	Job Title	Dates employee/member	Supervisor's Name