

Course Sponsor Number:

| | | | | | |
|--|--|---|--|--|--|
| | | - | | | |
|--|--|---|--|--|--|

Sponsor Name: _____

Course Type/Level: _____

Course Number:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Certified Instructor Coordinator: _____

Course Start Date: _____

Written Test Date: _____

Cancellation Date: _____

Sponsor Administrator: _____ Date: ____ / ____ / ____
(signature)

(Print Name of Administrator)

Reason For Cancellation: _____

This form must be used to notify the Bureau of EMS that the above Training/Certification Course has been cancelled. Please complete this form and Mail or Fax it to the Bureau of EMS Certification Unit as soon as possible. Notifications received at the Bureau of EMS less than 6 weeks before the scheduled NYS Written Certification Examination for the cancelled course the Course Sponsor will be subject to a Statement of Deficiency and/or monetary fines.

New York State Bureau of EMS
875 Central Avenue
Albany, NY 12206
ATT: Certification Unit

Fax Number: (518) 402- 0985