



## Course Assistant Medical Director Form



This form must accompany any Bureau of EMS Course Application for which the Assistant Medical Director will be responsible. The Course Sponsor's Medical Director must continue to sign the Course Application and ultimately has the overall responsibility to assure the medical accuracy and appropriateness of the educational programs provided by this Course Sponsor. The Assistant Medical Director will have the authority to sign the Medical Director's Certification of AEMT Course Completion form.

### Course Sponsor's Assistant Medical Director

Name: \_\_\_\_\_

NYS License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

As the Sponsor's Assistant Medical Director, I understand that it is my responsibility to assure the medical accuracy and appropriateness of the educational courses and to supervise all clinicals and internships for those courses, given the authority granted to me by the Course Sponsor's Medical Director. [ 800.20(c)(10)] I have reviewed the course sponsorship requirements and agree to comply with all regulations and policies issued through the NYS DOH Bureau of EMS.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Sponsor's Assistant Medical Director**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Sponsor's Medical Director**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Sponsor's Administrator**

### Course Application

Inventory Control Number: \_\_\_\_\_