NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

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 in original ink 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

EMT / AEMT Number

Last Name

First Name, middle initial

Address

City

State

Zip Code

County

Social Security Number

Date of Birth

Home Phone

Work Phone

Cell Phone

E-Mail Address

Section B.

The above named EMT/AEMT has actively provided on-going, direct, hands-on, pre-hospital patient care with

Name of EMS Agency From Date To Date

Agency Code

Signature of Chief Operations Officer or equivalent Supervisor

Print Name of Chief Operations Officer or equivalent Supervisor

Date

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 curriculum.
3. You must have achieved an 85% or greater on your most recent certification exam within the past three years at or above the level that you wish to teach.

Submit to the Bureau of EMS Central Office the following **ORIGINAL** documents:

A. This application form (DOH-2260) with the following supporting documents:
B. CLI Internship Completion Form (DOH-3378);
C. CLI Internship Tracking Form (DOH-4451);
D. Favorable Lab Instruction Audit Report (DOH-2423), completed by the supervising CIC;
E. Favorable Lab Instruction Audit Report (DOH-2423), completed by a CLI; and
F. Letter of recommendation from the Regional EMS Council Training and Education 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 curriculum.
3. You must have achieved an 85% or greater on your most recent certification exam within the past three years, at or above the level that you wish to teach.

Submit to the Bureau EMS Central Office the following **ORIGINAL** documents:

A. This application form (DOH-2260) with the following supporting documents:
B. A CIC Internship Completion Form (DOH-3377);
C. A CIC Internship Tracking Form (DOH-4452);
D. A favorable Didactic Presentation Audit Report (DOH-2424), completed by the supervising CIC;
E. A favorable Didactic Presentation Audit Report (DOH-2424), completed by a NYS EMS Regional Faculty member or a NYS BEMS Representative; and
F A letter of recommendation from the Regional EMS Council Training and Education Committee, if one exists.

Section C. Personal Affirmation

Read Carefully Before Signing

I affirm that in accordance with the requirements of 10 NYCRR 800, I have NOT been convicted of any misdemeanors or felonies. I understand that if I have a conviction it will be individually reviewed and that any such conviction may not be an automatic bar to certification. The Department of Health will determine if the conviction is applicable under the provisions of Part 800.

Do not sign if you have any convictions

I hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as applicant. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

Applicant's Signature ______________________ Date ______________

FOR BEMS USE ONLY

Central Office Approval ______________________ ______________

Issued Instructor Number ______________ Date ______________ Initial ______________