

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

Course Number:

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Number of Applications Submitted:

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Starting Date:

Practical Exam Date:

NYS Exam Date:

Sponsor's Administrator:

Phone No.
(Business) ()

Sponsoring Agency:

Phone No.
(Home) ()

COURSE INFORMATION: Please check appropriate course types

A) Certified First Responder ☐ Original ☐ Refresher

B) Emergency
Medical Technician ☐ Original ☐ Refresher

C) Advanced Emergency Medical Technician ☐ EMT-Intermediate Original ☐ EMT-Intermediate Refresher ☐ EMT-Critical Care Original ☐ EMT-Critical Care Refresher ☐ EMT-Paramedic Original ☐ EMT-Paramedic Refresher ☐ Advanced Course Rapid Refresher

D) CME (Pilot) Refresher (EMT and AEMT Core Curriculum Courses Only): ☐

E) Other (Ancillary or Continuing Education Course Names):

Instructor/Coordinator
Name (PRINT)

CIC#

Date:

Class Day(S)

Class Time(S)

NOTE: IN ORDER FOR STUDENT APPLICATIONS TO BE PROCESSED, THE LIST OF STUDENTS MUST APPEAR IN ALPHABETICAL ORDER ON THE REVERSE SIDE OF THIS MEMORANDUM. ALL REFRESHER STUDENTS MUST HAVE A NEW YORK STATE EMT NUMBER IN ORDER FOR THE STUDENT APPLICATIONS TO BE PROCESSED.

Course Number:

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PLEASE PRINT OR TYPE IN ALPHABETICAL ORDER, LAST NAME FIRST

(I.D. # required for all courses except CFR and Basic EMT originals. If more space is necessary, please attach additional forms.)

NAME	Student I.D. #	NAME	Student I.D. #
1.		22.	
2.		23.	
3.		24.	
4.		25.	
5.		26.	
6.		27.	
7.		28.	
8.		29.	
9.		30.	
10.		31.	
11.		32.	
12.		33.	
13.		34.	
14.		35.	
15.		36.	
16.		37.	
17.		38.	
18.		39.	
19.		40.	
20.		41.	
21.		42.	

This class list includes ALL students enrolled in this course. Only the persons listed will be admitted to the State Certifying Examination upon successful completion of all the course requirements. An application (DOH-65) is attached for each student.

I understand that no additional names can be added to this list after I have submitted this form with student applications to the EMS Program.

Signature of
Certified Instructor/Coordinator: _____ Date: _____