## **Application for Instructor Recertification**

**Instructions:** This application must be completed and signed prior to recertification. Please print or type all information in the spaces provided. All signatures must be original and in ink. Failure to properly complete this application may result in a delay in recertification. Please review the recertification requirements on the reverse of this application.

Section A. Applicant Information			
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  Cell Phone			
E-Mail Address			
Section B. CLI/CIC Teaching Experience			
The above named individual has been employed as a:			
A. Laboratory Instructor for course number(s):			
B. Certified Instructor Coordinator of record for course number(s):			
Course Sponsor Code Signature of Course Sponsor Administrator Date			
Section C. NYS DOH Bureau of Certified EMS Instructor Update Course Completed			
Location Course # Date			
Section D. Pre-Hospital Patient Care Experience			
The above named EMT/AEMT has actively provided on-going, direct, hands-on, pre-hospital patient care with  From To To To			
Name of EMS Agency Date Date			
Agency Code Signature of Chief Operations Officer or equivalent Supervisor  Date			
Print Name of Chief Operations Officer or equivalent Supervisor			

## Section E. Personal Affirmation

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.

Print Applicant's Name	EMT / AEMT Number	
Applicant's Signature	Date	

Applicant must meet the eligibility requirements listed below:

- 1. Must hold current certification as a NYS EMT or Advanced EMT.
- 2. Must have taken a NYS EMT/AEMT written certification examination within the past three years and scored at least 85%. Candidates who wish to teach advanced courses must also score at least 85% on the advanced portion of the AEMT exam. These scores must be maintained throughout the CIC certification period in order to be approved as CIC of record. Candidates must be certified at or above the desired teaching level.
- 3. Must be actively providing on-going, direct, hands-on, pre-hospital patient care with an EMS agency and have a minimum of one year of clinical experience within the last three years for CLI recertification.
- 4. For CLI recertification Must provide evidence of participation as a CLI in at least one course within the last three years. For CIC recertification Must have served as the CIC of record for at least one NYS EMS approved CFR/EMT/AEMT course within the past three years. If the candidate does not meet this requirement, then s(he) will be required to successfully complete another internship. This alternate method for completing this requirement will be granted as a one-time courtesy.
- 5. Provide evidence of participation in at least six (6) hours of instructor-level continuing education approved by the Bureau of EMS Central Office (i.e. NYS EMS Certified Instructor Update, AHA, ARC, NSC, NAEMT, or other approved instructor training course.)
- 6. As a practicing CIC or CLI, comply with:
  - \* NYS Public Health Law.
  - \* Chapter VI Title X Part 800 of the Official Compilation of Codes, Rules and Regulations.
  - \* Policies as issued by the Bureau of EMS.

Violations of this section may result in denial of instructor recertification or suspension or revocation of current instructor certification based upon a review by the Bureau of EMS.

## Mail completed application to:

NYS Department of Health Bureau of Emergency Medical Services 875 Central Avenue Albany, New York 12206 (518) 402-0996

FOR BEMS USE ONLY			
Application approved by NYS EMS Central Office	Date	Signature	