



Hudson Valley Regional Emergency Medical Services Council

Training & Education Programs
33 Airport Center Drive, Suite 204, New Windsor, NY 12553
(845) 245-4292 ~ fax: (845) 245-4181

Application for Certified Lab Instructor Course

Level of Certification: EMT-Paramedic EMT- Critical Care AEMT

NYS EMT Certification # _____ Expiration Date ____ / ____ / _____

Applicant Information *(Please Type or Print Legibly)*

Last Name _____ First Name: _____ M.I. _____

Birth date: ____ / ____ / _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Primary Phone # _____ Secondary Phone # _____

Course Sponsor Information

Course Sponsor Name _____ NYS Sponsor Number _____

Course Administrator _____ Contact Phone Number _____

EMS Experience *(List EMS Providers within the past three (3) years)*

Agency Name	Job Title	Dates Employed/Member	Supervisor's Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certification Requirements*

1. Current NYS EMT/AEMT Card
2. Verification from an officer of a NYS EMS organization indicating that you have a minimum of one (1) year experience as an EMT in a prehospital setting within the last three (3) years
3. A letter of sponsorship from a current NYS EMS Course Sponsor, indicating their intention to allow you to complete your CLI internship under their supervision/employ.
4. A letter from a current Instructor Coordinator affiliated with the above course sponsor recommending you for the CLI course.

*If you are unable to meet the above requirements, admission to the CLI Course will be denied. If you have any questions, please contact the Regional Office.

I hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as the applicant.

Applicant's Signature: _____ Date ____ / ____ / _____



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Course Sponsor's Instructor Candidate Checklist

Date: _____

Course Sponsor: _____

Sponsor's Administrator: _____

Checklist for: Certified Lab Instructor Course

Candidate Order of Preference	Candidate Name	Copy of EMT/AEMT Card	Application	Agency Verification	Course Sponsorship Letter	TEXT: Foundations of Education An EMS approach- 2nd Edition
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

The first two candidates listed on this form will be guaranteed admission to the Class provided all appropriate documentation is submitted