



# 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  
Email: hvremSCO@hvremSCO.org

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## Application for Certified Lab Instructor Course

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

NYS EMT Certification # \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

### Applicant Information *(Please Type or Print Legibly)*

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

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### Course Sponsor Information

Course Sponsor Name \_\_\_\_\_ NYS Sponsor Number \_\_\_\_\_

Course Administrator \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

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

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

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### 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_