



Monroe-Livingston Regional Emergency Medical Services Council

Applicant for Instructor Course – Please Print

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Cell Phone: _____

EMT/AEMT#: _____

Email Address: _____

Signature of Applicant: _____ Date: ____/____/____

Course Sponsorship (must be signed by a NYS Course Sponsor)

The above individual is being sponsored by _____ for the purpose of taking the above course. Upon successful completion of the course, the individual will be given the opportunity to complete their required internship for this level with our organization.

By signing this form, I certify that the applicant has submitted to the Course Sponsor the following documents and that said documents are currently filed with the Course Sponsor:

1. Copy of current EMT certification.
2. Copy of current CPR completion card (BLS Professional Rescuer or equivalent).
3. Proof of a score of 85% or higher on their most recent NYS written exam at the level at which they wish to teach.

Course Sponsor's Signature: _____ Date: ____/____/____

Students:

Please submit this application to your Course Sponsor

Course Sponsors:

Please mail this application, with original signatures, to the Monroe-Livingston Regional EMS Specialty Course Sponsor:

MLREMS
601 Elmwood Ave, Box 655
Rochester, NY 14642
Attn: CLI Course