

**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 <input type="text"/>	Certified Instructor Coordinator <input type="text"/>	
<input type="text"/> EMT / AEMT Number		
<input type="text"/>		
Last Name	First Name, middle initial	
<input type="text"/>		
Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
County	Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	
<input type="text"/>	<input type="text"/>	
Cell Phone		
<input type="text"/>		
E-Mail Address		
<input type="text"/>		

**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

Name of EMS Agency      From               To     

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  
433 River Street, Suite 303  
Troy, New York 12180-2299  
(518) 402-0996

**FOR BEMS USE ONLY**

Application approved by NYS EMS Central Office

□ □ □ □ □ □ □ □

Date

Signature