

# Hudson Valley Regional EMS Council

New York State Department of Health  
Bureau of EMS

## Certified Instructor Coordinator (CIC)

Location:

Good Samaritan Hospital  
255 Lafayette Ave.  
Suffern, NY 10901

Dates:

Tuesday, July 7, 2009  
Thursday, July 9, 2009  
Tuesday, July 14, 2009  
Thursday, July 16, 2009  
Thursday, July 23, 2009

Time:

7:30PM to 10:30PM

***You must attend all sessions  
and pre-registration is required.***

Visit our web site at [www.hvremSCO.org](http://www.hvremSCO.org) to  
download an application or call (845) 534-2430.



HUDSON VALLEY REGIONAL  
EMERGENCY MEDICAL SERVICES COUNCIL, INC.  
45 Academy Avenue  
Cornwall on Hudson, NY 12520  
(845) 534-2430 Phone  
(845) 534-3070 Fax  
hvremSCO@hvremSCO.org  
www.hvremSCO.org

### OFFICERS

Robert Cuomo, EMT-P  
President

Kim Lippes, EMT  
Vice President

Louis Lombardo, EMT  
Treasurer

Edward Murray, EMT-P  
Secretary

Pamela Murphy, M.D.  
Medical Director

William Hughes, EMT  
Executive Director

To: All Regional Course Sponsors  
From: The Hudson Valley Regional EMS Office  
Date: April 24, 2009  
Re: Upcoming CIC Class

The Hudson Valley Regional EMS Council (REMSCO) has scheduled a **Certified Instructor Coordinator (CIC)** program during July, 2009.

All applications must be submitted by the Course Sponsor Administrator.

Please note:

- Per REMSCO policy, each of the Course Sponsors located in the Hudson Valley Region will automatically be allotted two (2) seats in this class.
- Secondary priority will be given to those candidates recommended by other than Hudson Valley Regional Course Sponsors.
- Additional candidates from any NYS Course Sponsor will be accepted, as seats remain available.

### **Candidate Eligibility**

To be accepted as a student in this program, a candidate must have:

- Current NYS EMT/AEMT Certification
- Current NYS DOH BEMS CLI
- Verification from an officer of an EMS organization indicating current practice as a provider, and a minimum of two (2) years experience as an EMT in a prehospital setting within the last three (3) years.
- A letter from the recommending Course Sponsor Administrator indicating his or her intention to allow the candidate to fulfill the internship requirement of the CIC program under his or her supervision/employ should they successfully finish the class.

Please note: **Candidates must achieve a minimum score of 85% on a NYS Certification or Instructor Score exam (BLS section) within the past three years to be admitted to the program.**



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Executive Director

**CIC Course Dates:**

The dates for the course are:

Day	Date	Time
Tuesday	July 7, 2009	19:30 to 22:30
Thursday	July 9, 2009	19:30 to 22:30
Tuesday	July 14, 2009	19:30 to 22:30
Thursday	July 16, 2009	19:30 to 22:30
Thursday	July 23, 2009	19:30 to 22:30

**CIC Course Location:**

The program will be hosted at Good Samaritan Hospital in Suffern, NY

Candidates **MUST** attend every session and fully participate in all the exercises in order to successfully complete this course. Failure to do so will result in expulsion from the class.

**Application Submission**

Attached please find the application paperwork needed to for this course. Course Sponsor Administrators should submit original, complete applications to the Hudson Valley Regional EMS Office by **June 1, 2009**.

**Applications submitted by someone other than a NYS DOH EMS Course Sponsor Administrator, faxed, emailed, or found to be incomplete, will not be accepted.**

If you have any questions, please contact the Hudson Valley Regional EMS Office.



# Hudson Valley Regional Emergency Medical Services Council

Training & Education Programs  
 Cornwall On Hudson, NY 12520  
 (845) 534-2430 ~ fax: (845) 534-3070

## Course Sponsor's Instructor Candidate Checklist

Date \_\_\_\_\_

Course Sponsor: \_\_\_\_\_

Sponsor's Administrator \_\_\_\_\_

Checklist for:     CIC         CLI

Candidate Order of Preference	Candidate Name	Copy of EMT/AEMT Card	Prescreening Application	Exam Verification	Agency Verification	Course Sponsorship Letter	CIC Sponsorship Letter	NYS Application for Instructor Certification	NYS Instructor Sheet	CLI Certificate (CIC Only)
1								XXX	XX	
2								XXX	XX	
3								XXX	XX	
4								XXX	XX	
5								XXX	XX	
6								XXX	XX	
7								XXX	XX	
8								XXX	XX	
9								XXX	XX	
10								XXX	XX	

**The first two candidates listed on this form will be guaranteed admission to the pre-screening exam provided all appropriate documentation is submitted.**



# Hudson Valley Regional Emergency Medical Services Council

Training & Education Programs  
Cornwall On Hudson, NY 12520  
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## Application for Instructor Course: Certified Instructor Coordinator

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

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

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

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female

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

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

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

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### Course Sponsor Information

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

Sponsor's 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. Current NYS Certified Lab Instructor
3. Verification you have achieved an 85% or greater on the last certification exam
4. Verification from an officer of an EMS organization indicating that you have a minimum of two (2) years experience as an EMT in a prehospital setting within the last three (3) years
5. A letter of sponsorship from a current NYS EMS Course Sponsor, indicating their intention to allow you to complete your CIC internship under their supervision/employ.
6. A letter from a current Instructor Coordinator affiliated with the above course sponsor recommending you for the CIC course.

\*If you are unable to meet the above requirements, admission to the CIC Course will be denied. If you have any questions, contact the Hudson Valley 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_