

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 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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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
(845) 534-2430 ~ fax: (845) 534-3070

Application for Instructor Course: Certified Instructor Coordinator

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 # _____

Course Sponsor Information

Course Sponsor Name _____ NYS Sponsor Number _____

Sponsor's 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. 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 ____ / ____ / ____