Erie County Emergency Services and Homeland Security
Division of Emergency Medical Services
Announcing a
NYS EMS Certified Lab Instructor Course
139048

To be held at the
Erie County Training and Operations Center
3359 Broadway, Cheektowaga, NY 14227

Friday, January 18, 2019, 1800-2200
Saturday, January 19, 2019, 0800-1700
Saturday, January 26, 2019, 0800-1700

Content includes
- Module 1 – Instructor Course Overview
- Module 2 – Roles and Responsibilities
- Module 3 – Legal Issue in EMS Education
- Module 4 – Ethics
- Module 5 – The Learning Environment
- Module 6 – Learning Styles
- Module 7 – Cultural Awareness
- Module 8 – Teaching Psychomotor Skills
- Module 9 – Moulage

Candidates will give 3 Presentations
CLI Exam Preparation

All Candidates must
- Pre-register by calling 681-6070
- Complete and submit a DOH 65 a minimum of 2 weeks prior to the program
- Must purchase an Instructor book: Foundations of Education ISBN 11111113488X, 978111111134884 and review the content prior to the first session
- Complete all three sessions and cannot make up any missed time at another CLI program
- Produce documentation of which agency they will be interning with

Regional Faculty will be on location throughout the program to assist candidates with the process.

Gregory Gill, Regional Faculty – PC
John Malinchock, Regional Faculty
Please print legibly in capital letters or type. Put letter or number in each box.

Course Number

(Please retain this number for future reference)

Check if this application is for: □ Original Certification □ Recertification (If you are recertifying you must include your NYS EMS I.D. Number)

EMS Identification Number (If you have one)
Only write your NYS EMS number in this space

Last Name

First Name and M.I.

Check this box if your name as stated above has changed or is spelled differently than on your current EMS card Enter on the line below, your name as it appears on your current EMS card. □

(Please Print Clearly or Type)

Address
Number and Street (Skip one space between number and street)

City

State

Zip Code

County

Date of Birth

Month Day Year

Sex

(Enter M or F)

On Teaching Faculty

YES NO

If you belong to an EMS agency, please indicate the agency code in the box(es) below.

Primary EMS Agency

Secondary EMS Agency

Day Telephone

Practical Skills Exam Date

NYS Written Exam Date

Month Day Year

Month Day Year

Personal Affirmation

Read Carefully Before Signing

I affirm that in accordance with the requirements of 10 NYCRR Part 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 this 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.

(Applicant Signature) (Date)