

To: New York State DOH  
Bureau of EMS  
Certification Unit  
875 Central Avenue  
Albany, NY 12206

Course Number:

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Number of Applications Submitted:

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Starting Date:

Practical Exam Date:

NYS Exam Date:

Sponsor's Administrator:

Phone No.  
(Business) (    )

Sponsoring Agency:

Phone No.  
(Home) (    )

**COURSE INFORMATION: Please check appropriate course types**

A) Certified First Responder     Original     Refresher

B) Emergency  
Medical Technician     Original     Refresher

C) Advanced Emergency Medical Technician     EMT-Intermediate Original     EMT-Critical Care Original     EMT-Paramedic Original     Advanced Course Rapid Refresher  
 EMT-Intermediate Refresher     EMT-Critical Care Refresher     EMT-Paramedic Refresher

D) CME (Pilot) Refresher (EMT and AEMT Core Curriculum Courses Only):

E) Other (Ancillary or Continuing Education Course Names):

Instructor/Coordinator  
Name (PRINT)

CIC#

Date:

Class Day(S)

Class Time(S)

**NOTE: IN ORDER FOR STUDENT APPLICATIONS TO BE PROCESSED, THE LIST OF STUDENTS MUST APPEAR IN ALPHABETICAL ORDER ON THE REVERSE SIDE OF THIS MEMORANDUM. ALL REFRESHER STUDENTS MUST HAVE A NEW YORK STATE EMT NUMBER IN ORDER FOR THE STUDENT APPLICATIONS TO BE PROCESSED.**

Course Number: 

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**PLEASE PRINT OR TYPE IN ALPHABETICAL ORDER, LAST NAME FIRST**

(I.D. # required for all courses except CFR and Basic EMT originals. If more space is necessary, please attach additional forms.)

NAME	Student I.D. #	NAME	Student I.D. #
1.		22.	
2.		23.	
3.		24.	
4.		25.	
5.		26.	
6.		27.	
7.		28.	
8.		29.	
9.		30.	
10.		31.	
11.		32.	
12.		33.	
13.		34.	
14.		35.	
15.		36.	
16.		37.	
17.		38.	
18.		39.	
19.		40.	
20.		41.	
21.		42.	

This class list includes ALL students enrolled in this course. Only the persons listed will be admitted to the State Certifying Examination upon successful completion of all the course requirements. An application (DOH-65) is attached for each student.

**I understand that no additional names can be added to this list after I have submitted this form with student applications to the EMS Program.**

Signature of Certified Instructor/Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_