NEW YORK STATE DEPARTMENT OF HELATH

Emergency Medical Services Development Program

Instructor Information Sheet

EMT Number

CLI/CIC Number

Name

Last

First & Middle Initial

Address

Street

City

State

Zip Code

County

Phone 1

Area Code

Phone 2

Area Code

Cell Phone

Area Code

E-mail

Course Taken CLI ☐ CIC ☐

Certified Instructor Update _____

AWR - 160 - 1 ☐ Regional Faculty ☐

Signature _____

Approved _____

Date _____

DOH-743(06/09)