



Westchester REMSCO

TRAINING & EDUCATION COMMITTEE
4 Dana Rd., Valhalla, NY 10595 PHONE 914-231-1616 FAX 914-813-4161 www.wremsco.org

Application for Instructor Course: Instructor Update (CIU)

Course Location: Phelps Memorial Hospital Center
Hoch Center for Emergency Education
755 North Broadway
Sleepy Hollow, NY 10591

Course Date(s)/ Time(s): Sunday, ~~October 30, 2011~~ December 4, 2011 / 0830 - 1630

(Please Type or Print Legibly)

Applicant Information

Last Name _____ First Name _____ M.I. _____
Address _____
City _____ State _____ Zip _____ Email _____
Primary Phone (____) _____ Secondary Phone (____) _____

Instructor Certification Information (If applicable)

Level of Certification
(check all that apply) CIC CLI
 Regional Faculty

CIC/CLI # _____ Expiration Date ____/____/____

Course Sponsor Affiliation Information (If applicable)

Name _____ NYS Course Sponsor # _____
Course Administrator _____ Contact # _____

EMS Agency Affiliation Information (For Training Officers)

Agency Name _____ NYS Agency Code # _____
Agency CEO _____ Contact # _____

Applicant's Signature: _____ **Date** ____/____/____

FOR REGIONAL EMS OFFICE USE ONLY

Course Number:	
Registration number:	
Application Received:	
Registration completed:	