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: Verification of EMS Affiliation

Instructor Course *(check one)* ☐ **Instructor Coordinator (CIC)** ☐ **Lab Instructor (CLI)**

(Please Type or Print Legibly)

Applicant Information

Last Name _____ **First Name** _____ **M.I.** _____

Birthdate _____ / _____ / _____ ☐ **Male** ☐ **Female**

EMS Agency Information

Name _____ **NYS Agency Code** _____

Supervisor/Captain/Chief _____ **Contact #** _____

Level of Service *(check one)* ☐ **EMT-Paramedic** ☐ **EMT-Intermediate** ☐ **EMT – Basic**

County _____ **EMS Region** _____

I hereby certify that the applicant is currently an active employee / member of the above named organization.

Per agency records, this applicant has provided prehospital patient care with

_____ ***from*** _____ ***to*** _____***.,***

Name of Agency ***Date*** ***Date***

constituting a minimum of two (2) years experience as an EMT within the last three (3) years

I hereby certify that all of the information provided is true and correct and that the signature below is mine.

Supervisor/Captain/Chief Signature: _____

Date _____ / _____ / _____