

CIC (Intern) _____ EMT # _____
Course Sponsor _____ Course # _____
Supervising CIC _____ CIC # _____

Document your detailed observations of each objective in the shaded areas on this report.

- 1. Demonstrates an understanding of NYS EMS course administration policies and procedures.
 Yes No
- 2. Demonstrates an understanding of the dynamics of course management.
 Yes No
- 3. Able to follow the approved curriculum and use instructional objectives.
 Yes No
- 4. Able to develop and use lesson plans.
 Yes No
- 5. Able to develop and use testing instruments to evaluate students and provide feedback.
 Yes No
- 6. Demonstrates an understanding of the administration and coordination of the NYS Practical Skills Examination.
 Yes No
- 7. Able to observe students and provide positive corrective feedback. (i.e. counseling, and remedial sessions.)
 Yes No
- 8. Able to adapt teaching techniques and practice to meet individual student needs.
 Yes No
- 9. Able to analyze cognitive performance, detect and correct student difficulties.
 Yes No
- 10. Shows a positive regard for the students.
 Yes No
- 11. Demonstrates the ability to deliver didactic presentations.
 Yes No

COMMENTS

I do hereby affirm that the CIC Intern noted above has met all objectives of the CIC Internship as outlined in the current NYS DOH Bureau of EMS Policy Statement regarding Internship Requirements for Instructor Certification.

I recommend this intern for CIC certification.

Signature of Supervising CIC _____ Date _____