

Medical Director's Certification of Advanced Level Course Completion

State Emergency Medical Services Code, Section 800.11

Pursuant to the New York State Emergency Medical Services Code, section 800.11;

(a) A candidate, to qualify for initial certification at any level above Emergency Medical Technician, in addition to meeting the requirements set forth in section 800.6, shall:

- (1) Have current certification as an Emergency Medical Technician at the time of the New York State Written Certification Examination; and
- (2) Submit documentation of satisfactory completion of an internship approved by the course sponsor for any course for which an internship is described in the curriculum.

Authorization for Admission to the NYS Advanced Level Final Practical Skills Examination

This form and the signature below shall serve to authorize admission of the student named below to the Advanced Level Final Practical Skills Examination.

PLEASE PRINT

Student's Name _____
Course Number _____
Course Sponsor _____

EMT Number # _____
Type: Advanced CC Paramedic

Medical Director's Signature

As Course, Medical Director, and as a duly recognized agent of the Course Sponsor, I do hereby certify that I have reviewed all course completion requirements for the student named above and, to my satisfaction, the student has completed all required didactic skills, clinical, and internship objectives of the original Advanced Level course listed above to be eligible to take the NYS Practical Skills Exam.

Medical Director's Name (print) _____

Medical Director's Signature _____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
NYS License Number Date

**THIS FORM IS NOT NEEDED AND SHOULD NOT BE USED FOR REFRESHER STUDENTS
UNLESS THE STUDENT WAS REQUIRED TO COMPLETE CLINICAL OR INTERNSHIP HOURS**

Certified Instructor Coordinator

As the CIC of record, I do hereby certify that I have reviewed all course completion requirements for the student named above and the student has completed all required cognitive, didactic, clinical, and internship objectives of the original Advanced Level course listed above to be eligible to take the NYS Advanced Level Practical Skills Exam. I further certify that I have provided the Medical Director listed above, with all documentation and summative data for the Medical Director to determine course completion for this student.

CIC's Name (print) _____

CIC's Signature _____

CIC Number _____

Date _____

Final Practical Skills Exam Coordinator

As the Final Practical Skills Exam Coordinator, I do hereby certify that I have received this form prior to the admission of the above listed student to the Final Advanced Level Practical Skills Exam.

PSE Coordinator's Name (print) _____

PSE Coordinator's Signature _____

CLI or CIC Number _____

Date _____

NOTE TO THE PRACTICAL SKILLS EXAMINATION COORDINATOR

No student may be admitted to the Advanced Level Practical Skills Examination prior to having this form completed and signed by the Course Medical Director and CIC.

This admission ticket must be attached to the **Final Practical Skills Examination Summary Sheet (DOH – 2733)**, and must be returned to the NYS Bureau of EMS with the end of course paperwork that is given to the proctor.