

Medical Director's Certification of AEMT 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 – Basic, in addition to meeting the requirements set forth in section 800.6, shall:
- (1) Have current certification as an Emergency Medical Technician – Basic 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 Advanced EMT Final Practical Skills Examination

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

PLEASE PRINT	
Student's Name: _____	EMT: # _____
Course Number: _____	Type: <input type="checkbox"/> EMT – I <input type="checkbox"/> EMT – CC <input type="checkbox"/> EMT – P
Course Sponsor: _____	

Medical Director's Signature

As Course Medical Director, and as a duly recognized agent of the Course Sponsor, I do hereby certify that the student named above has completed, to my satisfaction, all the didactic skills, clinical, and internship objectives of the original Advanced EMT course listed above.													
Medical Director's Name (Printed): _____													
Medical Director's Signature: _____													
NYS License Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							Date: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						

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

NOTE TO STUDENTS:

This is your admission ticket to the Advanced Practical Skills Examination.

Once this form is complete, it must be given to the Certified Instructor Coordinator (CIC) prior to the Advanced Practical Skills Examination.

NOTE TO THE PRACTICAL SKILLS EXAMINATION COORDINATOR

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

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.