Course Sponsor Number: ____________________________

Sponsor Name: ______________________________________

Course Type/Level: __________________________________

Course Number: ____________________________

Certified Instructor Coordinator: ____________________________

Course Start Date: __________ Written Test Date: __________

Cancellation Date: __________

Sponsor Administrator: ____________________________ Date: __/__/____

(signature)

(Print Name of Administrator)

Reason For Cancellation: ____________________________________

This form must be used to notify the Bureau of EMS that the above Training/Certification Course has been cancelled. Please complete this form and Mail or Fax it to the Bureau of EMS Certification Unit as soon as possible. Notifications received at the Bureau of EMS less than 6 weeks before the scheduled NYS Written Certification Examination for the cancelled course the Course Sponsor will be subject to a Statement of Deficiency and/or monetary fines.

New York State Bureau of EMS
875 Central Avenue
Albany, NY 12206
ATT: Certification Unit Fax Number: (518) 402-0985

DOH-80 (08/12)