

**Declaration of Intent
to Use a Feline Model for
Pediatric Intubation Training**

This declaration must be completed, signed by the Course Medical Director and Certified Instructor Coordinator (CIC), and filed with a course application and course schedule when animal intubation is to be included as part of the pediatric intubation training objectives

Declaration: The advanced emergency medical technicians course noted below intends to include the performance of animal intubation as set forth in Policy Statement 96-05.

Course Type

Course Number: _____
(if available)

- | | | |
|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> EMT-Intermediate | <input type="checkbox"/> original | <input type="checkbox"/> refresher |
| <input type="checkbox"/> EMT-Critical Care | <input type="checkbox"/> original | <input type="checkbox"/> refresher |
| <input type="checkbox"/> EMT-Paramedic | <input type="checkbox"/> original | <input type="checkbox"/> refresher |

Course Medical Director

Medical Director's Name (printed): _____

Medical Director's Signature: _____

License Number: _____ Date: _____

Certified Instructor Coordinator (CIC)

CIC's Name (printed): _____

CIC's Signature: _____

CIC Number: _____ Date: _____

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