



CERTIFICATION OF ELIGIBILITY FOR CORE CME COURSE

At the second session of any New York State EMS Certification Course, each student must sign one of the following statements. If students are unsure or have questions about the functional description for the level of certification that they are seeking, or if their disability will affect their performance they are encouraged to speak privately with their CIC prior to completing this form. This signed form will be placed in the student file.

Students Name (please print): _____

I have read and understand the functional job of the Emergency Medical Technician Basic. I have no conditions which would preclude me from safely and effectively performing all the functions of the level of certification for which I am seeking New York State Certification.

I agree to the above statement: Signature: _____ Date: _____

*I have read and understand the functional job of the Emergency Medical Technician Basic. I will be submitting a request for accommodation for tests and quizzes required by the Instructor of this course.***

I agree to the above statement: Signature: _____ Date: _____

****Due to required tasks and the functional description of an EMT, accommodations that will be given for tests and quizzes during this course include but not limited to additional testing time, or the ability to take the test in a private area separate from the rest of the students. Exams and quizzes will NOT be read to students under any circumstances. Determination of accommodations will be made in conjunction with the Course CIC, Course Sponsor Administrator and the Course Medical Director****