NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Emergency Medical Services

	legibly in <u>capital lett</u> pleted and returned			ber in each box. completion of the course.	
Course Number		(Please reta	ain this number fo	r future reference)	
Check if this application is fo	r: Original C	Certification	Recertification	(If you are recertifying you must include your NYS EMS I.D. Number)	
EMS Identification Number (If y Only write your NYS EMS number in					
Applicant's Last Name					
Applicant's First Name and M.I					
If you belong to an EMS agency, Primary EMS Agency	, please indicate the ag Secondary EMS A		oox(es) below.		
Primary Agency Name					
Primary Agency Captain, Chief, or other agency official signing the affirmation on this form Last Name					
				EMS Identification	
First Name and M.I.			Numt	ber (If you have one)	
Official's Agency Title					

Personal Affirmation

Read Carefully Before Signing

I, as an official representative of the primary NYS EMS agency listed on this form, affirm that the applicant named on this form is a member of the primary NYS EMS service. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

I, as the applicant, hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as applicant. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

(Agency Official's Signature)

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Cattaraugus County Office of Emergency Services

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EMS Course Notice of Liability

Today's Date:	
Name of EMS Student:	
Students Fire/EMS Agency:	
Course Start Date:	Course End Date:
Course Location:	
Students Fire/EMS Agency:	

I, the Fire/EMS Officer of the above named Fire and/or EMS agency acknowledge and authorize

(Type or Print Name of Participant) to participate in the above EMS course sponsored by

Cattaraugus County Office of Emergency Services. The student is authorized participate in all related course activities that are required to complete the course. Such activities can include but not limited to classroom lectures, practical skills practice in the class room, lifting and moving of patients, hospital clinical time, and ambulance clinical time.

Our agency recognizes this activity as training. I understand that the individual will be covered by, the above named Fire and/or EMS agency's insurance while he/she participates in this course and all its related activities. Furthermore, it is understood that it is the student's responsibility to report any incidents, injuries, or exposures to their officer in-charge per their agency policies, and the course Certified Instructor Coordinator as soon as possible.

Officer's name		
	(Print name)	
Officer's Signature:		Date:
Student's Signature:		Date: