

Attention Certified Lab Instructors and Instructor Coordinators

## NYS INSTRUCTOR UPDATE

# How I Can Relate to

## All Learners

Jefferson County EMS is pleased to announce the next Educational Methodology continuing medical educational hours.

September 30, 2020, 6 to 9 p.m.

Jefferson County Public Health 531 Meade St., Watertown, NY 13601

Presenter: Amy Monroe, M.S.Ed.

RSVP to jcems@co.jefferson.ny.us

#### NYS DOH EMS CMEs for CIC and CLI

Amy Monroe, MSED
Special Education Teacher
AHA BLS Instructor
amonroe@spartanpride.org
315-583-5418

Date: September 30, 2020

Time: 6:00 PM- 9:00 PM

Location: Jefferson County Public Health, Conference Room

#### How I Can Relate to All Learners

- 1. People's influence learning
  - a. Maslow's Hierarchy of Needs (8 tiers)
- 2. Learning Styles
  - a. Howard Gardner's Multiple Intelligences
  - b. Kolb's Sensory Learning Styles
- 3. Effective Teaching Strategies
  - a. Learning Cone
- 4. People with special needs

NY State Education Update

3 hours CIU credits

### **NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Emergency Medical Services**

## Application for Emergency Medical Services Certification

Please print legibly in capital letters or type. Put letter or number in each box.
Course Number (Please retain this number for future reference)
Check if this application is for:  Original Certification  Recertification (If you are recertifying you must include your NYS EMS I.D. Number)
EMS Identification Number (If you have one) Only write your NYS EMS number in this space
Last Name
First Name and M.I.
Check this box if your name as stated above has changed or is spelled differently than on your current EMS card Enter on the line below, your name as it appears on your current EMS card.
(Please Print Clearly or Type)  Address Number and Street (Skip one space between number and street)
City
Zip Code County Date of Birth
Month Day Year Social Security Sex On Teaching Faculty
(Enter M or F) YES NO
If you belong to an EMS agency, please indicate the agency code in the box(es) below.
Primary EMS Agency Secondary EMS Agency EMAIL ADDRESS (Print)
Day Telephone Practical Skills Exam Date NYS Written Exam Date
Month Day Year Month Day Year  Personal Affirmation  Personal Affirmation
I affirm that in accordance with the requirements of 10 NYCRR Part 800, I have NOT been convicted of any misdemeanors or felonies. I understand that if I have a conviction it will be individually reviewed and that any such conviction may not be an automatic bar to certification. The Department of Health will determine if the conviction is applicable under the provisions of Part 800.  Do not sign this if you have any convictions  I 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.
(Applicant Signature) (Date)