AMR
A Global Medical Response Solution

Emergency Medical Technician Course Application

*Please complete this form and email to Kevin.Alexander@gmr.net

Semester: ☐ Spring (Jan. 13-May 15)   ☐ Summer (June 2-Aug. 21)   ☐ Fall (Aug. 25-Dec. 18)

Name: Phone Number:

Address:

City: State: Zip: Polo Shirt Size:

Email: *You will receive confirmation of receipt by email.*

Place an X for the time and type of class you are requesting:

☐   Day Class M,W,F (8:00a-4:00p)   ☐   EMT-B Refresher

Original tuition includes JB Learning's 12th Ed. Premier Digital Access Component and Uniform Polo

The EMT-B Original cost is $1,150.00 total, includes the items above.

Do you have an affiliation with a Volunteer Fire Department or Emergency Medical Service Agency?
☐ **Yes** Agency Name: Agency Code:

(You must have the **NYS DOH-3312** Form completed by your supervisor and brought in with you the first day of class. The total cost of $1,150.00 is due after receiving your payment instructions via email.)

☐ **No** (Complete the following payment section)

☐ I do NOT have an affiliation with a Fire or EMS agency in New York. I will be self-paying for the course.

Payment Method: ☐ Money Order ☐ Bank Check ☐ Credit Card (MC / VISA / DISCOVER / AMEX)

Money orders and bank checks payable to: *Eastern Paramedics, Inc.* After completing the application, please scan it to the email below.
Email: *Kevin.Alexander@gmr.net*

For office use only

Date Received: _____/_____/_____

Invoice Number: _____

Date student confirmed for class:

_____/_____/_____