



# Emergency Medical Technician Course Application

\*Please complete this form and email to [Kevin.Alexander@gmr.net](mailto: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:

Evening Class M,W (6:00p-10:00p)  Evening class T,Th (6:00p-10:00p)  EMT-B Refresher

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\*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](mailto:Kevin.Alexander@gmr.net)

**For office use only**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Invoice Number: \_\_\_\_\_

Date student confirmed for class:

\_\_\_\_/\_\_\_\_/\_\_\_\_