



Emergency Medical Technician Course Application

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

Semester: Spring (Jan. 15-May 16) Summer (June 3-Aug. 15) Fall (Aug. 26-Dec. 19)

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

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:

____/____/____