

EMT Courses

Emergency Medical Technician - Basic

Mon. & Wed. - Night Basic

Meeting Times: 6:45 p.m. - 10:00 p.m. & 2 Sat. or Sun.
 Start Date: Wednesday, January 23, 2008

Tues. & Thur.- Night Basic

Meeting Times: 6:45 p.m. - 10:00 p.m. & 2 Sat. or Sun.
 Start Date: Thursday, January 24, 2008

Tues. & Thur. - Daytime Basic

Meeting Times: 9:45 a.m. - 1:00 p.m. & 2 Sat. or Sun.
 Start Date: Thursday, January 24, 2008

Weekend dates: Students must attend either Saturday or Sunday
 The weekend classes are 8:00 a.m. - 4:30 p.m. on:
 1/26 or 1/27/2008 and 6/7 or 6/8/2008

Minimum age: 16 years of age at start of course Completion Date: June 11 or 12, 2008
 Students with a current Professional-level CPR card must bring it to the first class session.

The required CPR book is not included, and may be purchased at the EMS Training Center Monday - Thursday for \$15.00.
The CPR Book is not covered by the Training Fund Certificate of Eligibility.

MAIL ONLY THIS SECTION TO

Bergen County EMS Training Center, East 281 Pascack Road, Paramus, N.J. 07652
 For Information: (201) 343-3407

\$105.00 EMT Basic Starting Wed., January 23, 2008
 Mon. & Wed. Night 6:45 p.m. - 10:00 p.m.

\$105.00 EMT Basic Starting Thursday, January 24, 2008
 Tues. & Thurs. Day 9:45 a.m. - 1:00 p.m.

\$105.00 EMT Basic Starting Thursday, January 24, 2008
 Tues. & Thurs. Night 6:45 p.m. - 10:00 p.m.

\$25.00 Per Semester Out of County Fee. Paid once
 for all courses taken between 1/1/2008 and 6/30/2008.

Pre-registration Required - applications must be received by Wednesday, January 9, 2008

Course Fee: No Tuition or out of county fee for members or prospective members of Volunteer First Aid Squads who submit a signed EMT Training Fund Certificate of Eligibility with this application. Otherwise enclose indicated tuition and out of county fees.

Last Name _____ First _____ M.I. _____
 Address _____ Town _____
 Zip Code _____ County * _____
 Home Phone () _____ Business Phone () _____
 Date of Birth _____ Soc. Sec. # _____
 Your e-mail address _____ Affiliation _____

EMT Basic Spring 2008

OFFICE USE ONLY

Books	\$	_____
Tuition Fee	\$	_____
Out of County Fee	\$	_____
Total Fee	\$	_____
Date	Rec'd By	_____
Paid Cash Voucher	<input type="checkbox"/> Comp. Check	<input type="checkbox"/>
	<input type="checkbox"/> Pers. Check	<input type="checkbox"/>
Check No.		_____

U.S. CITIZENS OR PERMANENT RESIDENTS ONLY. PLEASE CHECK ONE OF THE FOLLOWING (THIS SECTION IS OPTIONAL):
 Asian Hispanics (Please specify one) Native American Indian
 Black Cuban Puerto Rican All Other
 Caucasian-White Mexican/Chicano All other Spanish Surnamed American

MALE FEMALE

Make checks payable to Bergen County Technical Schools.
Note: With this application you are registered. Unless notified to the contrary, please report to your first scheduled class.
Refunds must be requested in writing within 2 weeks after the start of the class. NO refunds will be given to students who have attended 1 or more class sessions.