

BERGEN COUNTY EMS TRAINING CENTER
 EAST 281 PASCACK ROAD, PARAMUS, N.J. 07652 201-343-3407
 http://www.BergenEMS.org

EMT - B Recertification Program

This course includes all 24 Core CEUs required for EMT-B recertification. Subjects covered are review of the new Patient Assessment, Medical, Legal and Ethical Issues, Health and Safety of the EMT, Respiratory Emergencies, Airway Management, Oxygen use, Allergic Reactions, Pediatric Emergencies, Pharmacology, Trauma Management and the use of certain medications. There will be both skills and written testing covering all of these subjects.

The following day courses will be held 8:00 a.m. to 5:00 p.m.

Sun.:	01/27, 02/03 & 02/10/2008	Wed. / Mon.:	03/19, 03/24 & 03/26/2008
Sat.:	04/05, 04/12 & 04/26/2008	Mon. / Wed.:	05/12, 05/14 & 05/19/2008
Sat.:	06/07, 06/14 & 06/21/2008		

Note: To receive credit, attendance is mandatory at ALL sessions. No partial credit will be available.

MAIL ONLY THIS SECTION TO
Bergen County EMS Training Center, East 281 Pascack Road, Paramus, N.J. 07652
(201) 343-3407

Pre-registration Requested

- | | |
|--|---|
| <input type="checkbox"/> \$65.00 EMT-B Recert Course
Starting Sun. 1/27/2008 | <input type="checkbox"/> \$65.00 EMT-B Recert Course
Starting Wed. 3/19/2008 |
| <input type="checkbox"/> \$65.00 EMT-B Recert Course
Starting Sat. 4/5/2008 | <input type="checkbox"/> \$65.00 EMT-B Recert Course
Starting Mon. 5/12/2008 |
| <input type="checkbox"/> \$65.00 EMT-B Recert Course
Starting Sat. 6/07/2008 | <input type="checkbox"/> * Non-Bergen County Residents enclose \$25.00 per Semester Out of County Fee to be paid once for all courses taken between 1/1/2008 and 6/30/2008 |

Application Requirement:

Please indicate your EMT Certification Expiration Date: _____ and attach a copy of your EMT card when you submit this application.

Course Fee: No tuition or out of county fee for members or prospective members of Volunteer First Aid Squads. You must submit a separate, signed EMT CEU Certificate of Eligibility Form for **each** course selected on this application. Otherwise enclose indicated tuition and out of county fees.

Last Name _____		First _____	M.I. _____	EMT Recert Spring 08											
Address _____		Town _____		OFFICE USE ONLY											
Zip Code _____		County * _____		Books	\$ _____										
Home Phone () _____		Business Phone () _____		Tuition Fee	\$ _____										
Date of Birth _____		Soc. Sec. # _____		Out of County	_____										
Your e-mail address _____		Affiliation _____		Fee	\$ _____										
Your Signature: _____		U.S. CITIZENS OR PERMANENT RESIDENTS ONLY. PLEASE CHECK ONE OF THE FOLLOWING (THIS SECTION IS OPTIONAL):													
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		<input type="checkbox"/> Asian Hispanics (Please specify one) <input type="checkbox"/> Native American Indian <input type="checkbox"/> Black <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> All Other <input type="checkbox"/> Caucasian-White <input type="checkbox"/> Mexican/Chicano <input type="checkbox"/> All other Spanish Surnamed Americans		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Fee</td> <td>\$ _____</td> </tr> <tr> <td>Date</td> <td>Rec'd By _____</td> </tr> <tr> <td>Paid Cash</td> <td><input type="checkbox"/> Comp. Check <input type="checkbox"/></td> </tr> <tr> <td>Voucher</td> <td><input type="checkbox"/> Pers. Check <input type="checkbox"/></td> </tr> <tr> <td>Check No.</td> <td>_____</td> </tr> </table>		Total Fee	\$ _____	Date	Rec'd By _____	Paid Cash	<input type="checkbox"/> Comp. Check <input type="checkbox"/>	Voucher	<input type="checkbox"/> Pers. Check <input type="checkbox"/>	Check No.	_____
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<p>Make checks payable to Bergen County Technical Schools.</p> <p>Note: With this application you are registered. Unless notified to the contrary, please report to your first scheduled class.</p> <p>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.</p>															