



Emergency Medical Technician Course Application

*Please complete this form and email to Phillip.Barker@gmr.net

Semester: ☐ Spring (Jan.11-May20) ☐ Summer (June 6-Aug.19) ☐ Fall (Aug. 23-Dec.16)

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 13th Ed. Premier Digital Access Component and Uniform Polo

The EMT-B Original cost is \$1,350.00 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: Phillip.Barker@gmr.net

For office use only

Date Received: ____/____/____

Invoice Number: _____

Date student confirmed for class:

____/____/____