



## 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

**\*Original tuition includes JB Learning's 12th 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: [Kevin.Alexander@gmr.net](mailto:Kevin.Alexander@gmr.net)

### For office use only

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

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

Date student confirmed for class:

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