

EMT-Basic Courses

Mon. & Wed. - Night Basic

Meeting Times: 6:45 p.m. - 10:00 p.m. & 7 Sat. or Sun.
 Start Date: Wednesday, September 1, 2010

Tues. & Thur.- Night Basic

Meeting Times: 6:45 p.m. - 10:00 p.m. & 7 Sat. or Sun.
 Start Date: Thursday, September 2, 2010

Tues. & Thur. - Daytime Basic

Meeting Times: 9:45 a.m. - 1:00 p.m. & 7 Sat. or Sun.
 Start Date: Thursday, September 2, 2010

Weekend dates: Students must attend either Saturday or Sunday
 The weekend classes are 8:00 a.m. - 4:00 p.m. on:
 9/11 or 09/12/10, 9/25 or 09/26/10, 10/16 or 10/17/10, 11/06 or 11/07/10,
 11/20 or 11/21/10, 12/11 or 12/12/10 & 1/08 or 1/09/11

Minimum age: 16 years of age at start of course Completion Date: January 8 or 9, 2011
 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.

MAIL ONLY THIS SECTION TO

Bergen County EMS Training Center, East 281 Pascack Road, Paramus, N.J. 07652

For Information: (201) 343-3407

\$220.00 EMT Basic Starting Wed., September 1, 2010
 Mon. & Wed. Night 6:45 p.m. - 10:00 p.m.

\$220.00 EMT Basic Starting Thurs., September 2, 2010
 Tues. & Thurs. Day 9:45 a.m. - 1:00 p.m.

\$220.00 EMT Basic Starting Thurs., September 2, 2010
 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 7/1/2010 and 12/31/2010.

Pre-registration Required - applications must be received by Wednesday, August, 25, 2010

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 Fall 2010

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.