



Emergency Medical Technician Training Application

Please complete this form and return it to 488 West Onondaga St. with your \$100.00 non-refundable application fee

This registration for is for the Emergency Medical Technician course sponsored by Rural/Metro Medical Services starting,

January 14 thru May 21 . The night program runs from 1830-2130 Monday & Wednesdays and some Saturdays from 9:00 AM to 4:00 PM. The day program runs from 0900-1200 on the same days. It is held at 488 West Onondaga St., Syracuse, NY.

Name: _____ Date of Application: _____

Address: _____ **How did you hear about this class?** _____

City: _____ ST: **NY** Zip Code: _____

Phone Number - Daytime: _____ Phone Number - Evening: _____

Email Address: _____ **You will receive confirmation by email OR telephone.**

I am applying to attend the following course (check one):

Day Class Night Class

I am applying to attend the following course (check one):

EMT-B Original EMT-B Refresher EMT-B Pilot

Course tuition includes Brady's 12th Edition text and workbook.

The course tuition is \$790.00 plus \$155.00 for the text and work books, \$945.00 total.

1. Do you have an affiliation with a volunteer fire department, or emergency medical services provider?

Yes Agency Name: _____ Agency Code: _____

(You must have the attached NYS DOH 3312 Form completed by your EMS director or agency head)

No (Complete the following payment section)

I do not have an affiliation with a Fire or EMS agency in New York. I will be paying for the course.

Payment Method: Check Cash Credit Card (MC / VISA / DISCOVER / AMEX)

Cardholder's Name: _____

Card Number: _____ - _____ - _____ - _____ Expiration Date: _____ 3 Digit Code: _____

IF YOU AS THE STUDENT FAILS THE COURSE, OR DOES NOT COMPLETE THE COURSE, YOU ARE RESPONSIBLE FOR THE COURSE FEE OF \$945.00, EVEN IF YOU HAVE AN AGENCY VERIFICATION FORM ON FILE.

Payment in full is due by the 2nd class.

Once you have completed answering the questions, Please return the completed form(s) to:

For office use only
Date Received: ____/____/____ Invoice
Number: _____
\$100 non-refundable application fee received
by: _____

Ed Moser
EMT Registration
Rural/Metro Medical Services
PO Box 999
Syracuse, NY 13201