

Print Name of Chief Office & DATE

## P.O. Box 126, Oakland Gardens, NY 11364 Tel: 917-709-8318

Robert Pace, Chief Instructor Coordinator Robert Chen, Deputy Chief Instructor George T. Martin, M.D., Medical Director

	COURSE APPLICATION				
Course Desired:   EMT-Basic Original   EMT-Basic Refresh			If applicable: NYS CFR/EMT#		
Oourse Desireu.	☐ EMT-Basic Original	□ EMIT-Basic Refresher		Expiration Date	
	☐ CFR Original	☐ CFR Refresher	Expiration Bate		
Last Name	F	First Name	M.I.	Gender	
				□ M □ I	
Social Security Nun		Date of Birth (Mo./Day/Year	Today's Date (M	o./Day/Year)	
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Home Address (St	reet)		APT#		
City or Town		State	Zip Code		
Email Address		Cell Phone	Home Telephone		
Occupation		<u>'</u>	Position		
Employer			Telephone		
Address					
7 (dd) 000					
Ambulance / Fire Department			Position		
Address			Telephone		
Address					
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PAID IN FULL