

REGIONAL TRAINING CENTER for
EMERGENCY MEDICAL TECHNICIANS INC.
PO BOX 126 OAKLAND GARDENS, NEW YORK 11364

Robert Pace
Chief Instructor
Coordinator

917-709-8318

Chris Goemans
Deputy Chief
Instructor

Course Application

NAME _____ DATE _____

ADDRESS _____

TELEPHONE () _____ CELL PHONE () _____

SOC.SEC # _____ DATE OF BIRTH _____

OCCUPATION _____ POSITION _____

EMPLOYER _____

ADDRESS _____

TELEPHONE () _____

AMBULANCE / FIRE DEPARTMENT _____

ADDRESS _____

TELEPHONE () _____ POSITION _____

COURSE DESIRED

_____ EMT-BASIC ORIGINAL

_____ EMT-BASIC REFRESHER

_____ C F R -D ORIGINAL

_____ CFR-D REFRESHER

CURRENT EMT # _____ EXPIRATION DATE _____

STUDENT SIGNATURE _____

DEPOSIT _____

**NO REFUNDS AFTER RECEIPT OF
APPLICATION**

BALANCE _____

**APPLICATION
APPROVED _____ REJECTED _____**

PAID IN FULL _____

PLEASE ATTACH STUDENT TUITION OF _____ WITH APPLICATION