



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

COURSE APPLICATION

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|---|--|--|
| Course Desired: <input type="checkbox"/> EMT-Basic Original <input type="checkbox"/> EMT-Basic Refresher <input type="checkbox"/> CFR Original <input type="checkbox"/> CFR Refresher | | <i>If applicable:</i> NYS CFR/EMT# <hr/> Expiration Date |
| Last Name _____ First Name _____ M.I. _____ | | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| Social Security Number XXX - XX - _ _ _ _ | | Date of Birth (Mo./Day/Year) _____ Today's Date (Mo./Day/Year) _____ |
| Home Address (Street) _____ | | APT # _____ |
| City or Town _____ State _____ Zip Code _____ | | |
| Email Address _____ | | Cell Phone _____ Home Telephone _____ |
| Occupation _____ | | Position _____ |
| Employer _____ | | Telephone _____ |
| Address _____ | | |
| Ambulance / Fire Department _____ | | Position _____ |
| Address _____ | | Telephone _____ |

No refunds after receipt of application. Any student who does not successfully complete his/her course, including state certification, will be personally responsible for the full payment of tuition assigned to the program taken.

Student's Signature _____

FOR STUDENTS WITH NYS VOUCHER:

ALL applications for EMS courses require the authorization of the Chief officer of their department.

I certify that the above named individual is a member of this organization and he/she is actively involved with the response to medical emergencies as part of his/her duties. This individual will be covered by N.Y.S. Worker's Compensation coverage of this organization for the duration of this course.

Print Name of Chief Office

Print Name of Chief Office & DATE

FOR OFFICE USE

DEPOSIT _____

BALANCE _____

PAID IN FULL _____