# EMT : Fall 2014
## Emergency Medical Technician
### Capital Health - EMS Education

**Dates**: Jul. 31, 2014 - Dec 18, 2014 (Tue. & Thur. Evening plus Sat. listed*)
*Saturday Classes: (8/9, 8/23, 9/6, 9/20, 10/4, 10/18, 11/1, 11/15, 11/22, & 12/13)

**Time**: Tuesdays & Thursdays: 6:00pm - 10:00pm
Saturdays: 8:00am - 5:00pm

*A Mandatory Course Orientation and Book Distribution will be held on Thursday July 24, 2014 from 6:00pm - 9:00pm*

**Location**: Capital Health Emergency Services Training Center
65 Prospect Street, Trenton, NJ 08618-4654

**Cost**: $1,600.00

- *Each student must have a current AHA BLS for Healthcare Providers or equivalent CPR card prior to the start of class.*
- *It is recommended each student have a Stethoscope, B/P Cuff and Penlight for each class. (More information given at orientation)*

**Capital Health EMS will NOT accept New Jersey Volunteer EMT Training Fund vouchers for this course.**

**Payment in full must accompany this registration, no payment plans or financial aid will be available.**
**Capital Health EMS does not offer job placement services.**
**Successful completion of this program does not imply any guarantee of employment.**

**To Register:** Complete registration portion below and return with payment to:

Capital Health EMS Education
65 Prospect Street
Trenton, NJ 08618-4654

Please make checks payable to: ***Capital Health EMS*** Capital Health EMS also accepts Visa/Mastercard

***NO PHONE OR FAX REGISTRATIONS WILL BE ACCEPTED!***

**Questions?** *Call the EMS education office at (609) 815-7291 or e-mail EMSEducation@CapitalHealth.org*

EMT FALL 2014

NAME _____ **NJ OEMS ID #** _____ (if applicable)

ADDRESS_____ CITY _____ STATE _____ ZIP _____

Primary Phone _____ Secondary Phone _____

E-Mail _____

*REGISTRATIONS WILL CLOSE 10 DAYS PRIOR TO COURSE DATE.*
*REGISTRATIONS BY MAIL MUST BE POST-MARKED NO LESS THAN 10 DAYS PRIOR TO COURSE DATE.*
*NO REFUNDS WILL BE MADE FOR CANCELLATIONS RECEIVED LESS THAN 7 DAYS PRIOR TO COURSE.*
*PLEASE BE PROMPT! PARTICIPANTS ARRIVING MORE THAN 15 MINUTES LATE WILL BE DENIED ENTRY.*

***APPLICANT SIGNATURE***_____ ***DATE***_____

***OFFICE USE ONLY:*** Date Received_____/_____/_____ Packet Sent_____/_____/_____