EMT : Fall 2013

Emergency Medical Technician

Capital Health - EMS Education

Dates: Jul. 30, 2013 - Dec 19, 2013 (Tue. & Thur. Evening plus Sat. listed*)
*Saturday Classes: (8/10, 8/24, 9/7, 9/21, 10/5, 10/19, 11/2, 11/16, 11/23, & 12/14)

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 23, 2013 from 6:00pm - 9:00pm

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

Cost: $1,400.00

- *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 2013

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_____/_____/_____