



## Emergency Medical Technician Training Application

This registration is for the Emergency Medical Technician course sponsored by Rural/Metro Medical Services starting, **August 31 and testing on December 15, 2011**. The program runs from 1830-2130 Monday & Wednesdays and some Saturdays from 9:00 AM to 4:00 PM. It is held at 488 West Onondaga St., Syracuse, NY.

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: **NY** Zip Code: \_\_\_\_\_

Phone Number - Daytime: \_\_\_\_\_ Phone Number - Evening: \_\_\_\_\_

Email Address: \_\_\_\_\_ ***You will receive confirmation by email OR telephone.***

I am applying to attend the following course (check one):

☒ EMT-D Original ☐ EMT-D Refresher ☐ EMT-D Pilot

**Course tuition includes Brady's 11th Edition text and workbook.**

**Please answer the following questions.**

**The course tuition is \$699.00 plus \$135.00 for the text and work books. (\$834.00) total**

1. Do you have an affiliation with a volunteer fire department, or emergency medical services provider?

☐ **Yes** Agency Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_

(You must have the attached NYS DOH 3312 Form completed by your EMS director or agency head)

☐ **No** (Complete the following payment section)

☐ **I do not have an affiliation with a Fire or EMS agency in New York. I will be paying for the course.**

**Payment Method:** ☐ Check ☐ Cash ☐ Credit Card ( MC / VISA / DISCOVER / AMEX )

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

**IF YOU AS THE STUDENT FAILS THE COURSE, OR DOES NOT COMPLETE THE COURSE, YOU ARE RESPONSIBLE FOR THE COURSE FEE OF \$804.00, EVEN IF YOU HAVE AN AGENCY VERIFICATION FORM ON FILE.**

***Payment in full is due by the 2<sup>nd</sup> classnight.***

Once you have completed answering the questions, Please return the completed form(s) August 19, **2011** to:

Ed Moser

**EMT Registration**

Rural/Metro Medical Services

PO Box 671

Syracuse, NY 13201

[Ed\\_Moser@rmetro.com](mailto:Ed_Moser@rmetro.com)

**For office use only**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Invoice Number: \_\_\_\_\_

Date student confirmed for class:

\_\_\_\_/\_\_\_\_/\_\_\_\_