

BERGEN COUNTY EMS TRAINING CENTER
 EAST 281 PASCACK ROAD, PARAMUS, N.J. 07652 201-343-3407
 http://www.BergenEMS.org

EMT - B Recertification Program

This course includes all 24 Core CEUs required for EMT-B recertification. Subjects covered are review of the new Patient Assessment, Medical, Legal and Ethical Issues, Health and Safety of the EMT, Respiratory Emergencies, Airway Management, Oxygen use, Allergic Reactions, Pediatric Emergencies, Pharmacology, Trauma Management and the use of certain medications. There will be both skills and written testing covering all of these subjects.

Courses will be held 8:00 a.m. to 5:00 p.m.

Sun.: 9/18, 9/25 & 10/02/2011
 Sat.: 10/22, 10/29 & 11/12/2011

Tues., Wed. & Thur.: 11/29, 11/30 & 12/1/2011
 Mon., Tues. & Wed.: 12/12, 12/13 & 12/14/2011

Note: To receive credit, attendance is mandatory at ALL sessions. No partial credit will be available.



MAIL ONLY THIS SECTION TO

**Bergen County EMS Training Center, East 281 Pascack Road, Paramus, N.J. 07652
 (201) 343-3407**

Pre-registration Requested

- | | |
|---|---|
| <input type="checkbox"/> \$145.00 EMT-B Recert Course
Starting Sun. 9/18/2011 | <input type="checkbox"/> \$145.00 EMT-B Recert Course
Starting Tues. 11/29/2011 |
| <input type="checkbox"/> \$145.00 EMT-B Recert Course
Starting Sat. 10/22/2011 | <input type="checkbox"/> \$145.00 EMT-B Recert Course
Starting Mon. 12/12/2011 |
| <input type="checkbox"/> *Non-Bergen County Residents enclose an additional \$25.00 per Semester Out of County Fee to be paid once for all courses taken between 7/1/2011 and 12/31/2011 | |

Application Requirements:

Please indicate your EMT Certification Expiration Date: _____ and attach a copy of your EMT card when you submit this application.

NJ State 6 Digit EMT ID #: _____.

Course Fee: No tuition or out of county fee for members or prospective members of Volunteer First Aid Squads. You must submit a signed EMT CEU Certificate of Eligibility Form for the course selected on this application. Otherwise enclose indicated tuition and out of county fees.

Last Name _____	First _____	M.I. _____
Address _____	Town _____	
Zip Code _____	County * _____	
Home Phone (____) _____	Business Phone (____) _____	
Date of Birth _____	Soc. Sec. # _____	
Your e-mail address _____	Affiliation _____	

EMT Recert Fall 2011

OFFICE USE ONLY	
Books	\$ _____
Tuition Fee	\$ _____
Out of County Fee	\$ _____
Total Fee	\$ _____
Date	Rec'd By _____
Paid Cash <input type="checkbox"/>	Comp. Check <input type="checkbox"/>
Voucher <input type="checkbox"/>	Pers. Check <input type="checkbox"/>
Check No.	_____

Your Signature: _____

Complete information from you helps us to access adult education funds and to comply with affirmative action reporting regulations. Thank you for checking one of the following:

<input type="checkbox"/> White	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> American Indian / Alaskan Native
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific

Make checks payable to Bergen County Technical Schools.

Note: With this application you are registered. Unless notified to the contrary, please report to your first scheduled class.

Refunds must be requested in writing within 2 weeks after the start of the class. NO refunds will be given to students who have attended 1 or more class sessions.