



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

# RESCUE Recertification

**Rescue Technician Recertification Program: 24 EMT Elective CEU's, 40 Hours, Limit: 40 Students**

Fee: \$50.00      Tuesdays & Thursdays - 7:00 to 10:00 p.m. and two Saturdays - 8:00 a.m. to 4:00 p.m.

Course Starts: Tues., October 4, 2011 at 7:00 p.m.      Course Completion: December 6, 2011

This course is designed to provide the necessary refresher training to bring the students up-to-date with the Maryland Fire and Rescue Institute program. Topics to be covered include maintenance of tools, apparatus, hardware and ropes/rigging/mechanical advantage systems. Additionally, specialty rescue areas such as vehicle extrication, trench, water rescue and SCBA update. Students must supply NFPA approved fire fighting gear. Students must be 18 years of age at the start of the course and attend all classes as there are no exemptions.

Books are not included - they may be purchased at the EMS Training Center at the beginning of the course.

**Course is available to students that have previously completed the Rescue Technician Program at the Bergen County EMS Training Center. Pre-registration is requested.**



MAIL ONLY THIS SECTION TO

**Bergen County EMS Training Center, East 281 Pascack Road, Paramus, N.J. 07652**  
 (201) 343-3407      Copies of this form will be accepted.

- Complete Rescue Technician Recertification Course, Starting October 4, 2011, **Enclose \$50.00**
- \*Non-Bergen County Residents: **Enclose an additional \$25.00** Per Semester Out of County Fee paid once for all courses taken between 07/01/2011 and 12/31/2011.

**Rescue Technician Course Taken:** \_\_\_\_\_ **For EMT CEUs, include your NJ State 6 Digit EMT ID #:** \_\_\_\_\_.

**Course Fee:** No tuition or out of county fee for current EMTs who are members of Bergen County Volunteer Ambulance Squads. EMT's must submit a signed original Tuition Exemption Form with this application. Otherwise enclose indicated tuition and out of county fees.

<b>Rescue Recert. Fall 2011</b>	
Last Name _____	First _____ M.I. _____
Address _____	Town _____
Zip Code _____	County * _____
Home Phone ( ) _____	Business Phone ( ) _____
Date of Birth _____	Soc. Sec. # _____
Your e-mail address _____	Affiliation _____
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"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	<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
<b>Make checks payable to Bergen County Technical Schools.</b>	
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.	
<b>OFFICE USE ONLY</b>	
Books	\$ _____
Tuition Fee	\$ _____
Out of County Fee	\$ _____
<b>Total Fee</b>	<b>\$ _____</b>
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.	_____