

EMERGENCY MEDICAL TECHNICIAN

June 3rd thru August 12th, 2010



Chilton Memorial Hospital has been accredited by the Office of Emergency Medical Services of the New Jersey Department of Health as meeting the requirements of N.J.A.C. 8:40A for an approved EMT-B Training Site. Upon successful completion of the course, participants will be eligible to take the certification examination for Emergency Medical Technician administered by the New Jersey Department of Health.

Course Fee: \$ 550, including approved textbook and workbook. Books will be distributed at the first session. **In accordance with N.J.A.C. 8:40A, this program is free of charge for members or prospective members of volunteer First Aid and Rescue Squads.**

Students meeting the criteria of Volunteer Affiliation (First Aid or Rescue Squad) under N.J.A.C. 8:40A will be asked to submit documentation to that effect. Forms will be mailed upon receipt of registration.

AFFILIATED STUDENTS SHOULD NOT SUBMIT PAYMENT WITH REGISTRATION.

Prerequisite: *All students must hold a current Healthcare Provider CPR card prior to the start of the course.* For CPR course information, contact the CPR Training Center at (973) 831-5172. Please attach a copy of your CPR card to your application. **Students must be 16 years of age prior to June 7th. Students under 18 require parental permission.**

Cancellation Policy: Refund in full up to May 20th. After May 20th, cancellation fee is \$50.

Refund Policy: Pro-rated refunds will be issued up to June 19th. Absolutely no refunds will be issued after June 19th. Students are responsible for payment of textbooks.

Course Times: 7:00-10:30 p.m. Mondays & Thursdays, 8:30 am to 3:30 pm Saturdays.

For further information, contact the MICU Office at (973) 831-5170.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Squad Affiliation: _____

Home Phone: _____ Work Phone: _____

Social Security No.: _____

Please return registration form and a check made payable to **Chilton Memorial Hospital** to:
Jacqueline McNally MICP, Chilton Memorial Hospital, 97 West Parkway, Pompton Plains, NJ 07444.

Persons desiring to pay by credit card may do so by completing the following information:

Acct No: _____ Expires: _____

Visa

Name on Card: _____

Mastercard

Signature: _____