

**MONTEFIORE Medical Center**  
**INSTITUTE FOR EMERGENCY CARE TRAINING**  
**EMERGENCY MEDICAL TECHNICIAN REFRESHER COURSE**



**January 13 – May 20, 2010**  
**Thursday Evenings - 6:30 p.m. - 10:00 p.m.**

(Some Monday and Wednesday evenings may be required based on challenge exam performance)

**\*\* REGISTRATION: January 13, 2009 - 7:00 PM (Note location below) \*\***

This course will prepare the currently certified Emergency Medical Technician for recertification as required by New York State every three years. Students will be re-certified in CPR, updated on protocol and treatment practices and will receive instruction on components of the basic EMT curriculum. Upon successful completion of the course, the candidate will take the New York State Basic EMT certification exam. Written & Practical challenge components will be offered and required classes will be determined by the student's performance on these exams. Course fees totaling \$385 must be **paid in full** on or before the night of registration by **certified check or money order ONLY**. Course fees include tuition (\$335) & BCLS certification (\$50).

Low cost group purchasing of necessary equipment (stethoscope, blood pressure cuff, penlight, etc.) will be available. Students should have a blue or black ink pen and a least one 3" binder for materials, and a watch. #2 pencils are required for written exams.

New York State funding is available for members of certified ambulance agencies. Please enclose an agency verification form with an **original signature** in lieu of tuition & a **certified check or money order ONLY** for \$50 for BCLS Certification. All students will be required to provide the course textbook. Textbook/Workbook is available through [www.BradyBooks.com](http://www.BradyBooks.com).

**\*\*Registration will be conducted at 4141 Carpenter Ave, Bronx, NY 10466**  
**1st floor auditorium (corner of East 231<sup>st</sup> Street) \*\***

**Seating is limited. Pre-registration by mail or in person is STRONGLY recommended.**

**\*If you register by mail, you must still attend on registration night - 1/13/2010\***

Please fill out the application below, enclose a copy of your current NYS EMT card with your **certified check or money order** for \$385 made payable to **Montefiore Medical Center** or agency verification form, if applicable, and mail to:

Montefiore Medical Center - Institute for Emergency Care Training  
600 East 233 Street - Bronx, NY 10466

**PLEASE PRINT OR TYPE CLEARLY & ENCLOSE COPY OF EMT CARD**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_