

MONTEFIORE Medical Center
INSTITUTE FOR EMERGENCY CARE TRAINING
BASIC EMERGENCY MEDICAL TECHNICIAN COURSE



July 22 – December 17, 2009
Monday & Wednesday Evenings - 6:30 p.m. – 10:00 p.m.

**** REGISTRATION: JULY 22 - 6:30 PM (Note location below) ****

This course includes didactic and practical training in CPR, medical emergencies, trauma, childbirth, oxygen administration, hazardous materials, semi-automatic defibrillation and much more! Students will also receive 16 hours of emergency room &/or ambulance observation time and will have the opportunity for additional observation time on-board one of Montefiore Medical Center's 911 ambulances. Upon successful completion of the course, the candidate will sit for the New York State basic EMT certification exam on December 17, 2009.

Course tuition of \$875 must be **paid in full** on or before the night of registration by **certified check or money order ONLY**. Since previous courses have filled prior to registration night, pre-registration is **STRONGLY** recommended. New York State funding is available for members of certified ambulance agencies. Please enclose an agency verification form with original signatures in lieu of tuition. Students using New York State funding will be required to provide the course textbook. Textbook/Workbook is available for \$125. Low cost group purchasing of necessary equipment (stethoscope, blood pressure cuff, penlight, etc.) will be available when the course begins. Students should have a watch with a second-hand, blue or black ink pen and a least one 3" binder for materials. #2 pencils are required for written exams.

****Registration and all classes are conducted at 4141 Carpenter Avenue, Bronx, NY 10466
1st floor auditorium (corner of East 231st Street) ****

PRE-REQUISITES:

- ◆ Candidate must be 18 years of age on or before the State examination date
- ◆ Proof of immunizations (MMR, Hepatitis B & current PPD) as required by the Department of Health
- ◆ Criminal convictions may delay or prevent state certification, but do not prohibit attending course

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)

Please fill out the application below and enclose with your **certified check or money order** for \$875.00 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

Name: _____ Date of birth: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____ Email: _____@_____

I have enclosed a: Certified Check Money Order Agency Verification Form