

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



July 22 – November 19, 2009
Thursday Evenings - 6:30 p.m. - 10:00 p.m.

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

**** REGISTRATION: July 22, 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 tuition of \$350 must be **paid in full** on or before the night of registration by **certified check or money order ONLY**.

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 \$15 for CPR materials.

All students will be required to provide the course textbook. Textbook/Workbook is available through www.BradyBooks.com. 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.

****Registration and all classes are conducted at 4141 Carpenter Ave, Bronx, NY 10466
1st floor auditorium (corner of East 231st 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 - 7/22/2009

Please fill out the application below, enclose a copy of your current NYS EMT card with your **certified check or money order** for \$350 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: _____@_____

I have enclosed a: Copy of EMT Card & a Certified Check Money Order Agency Verification Form