

# S. Carol White EMS Academy

P.O. Box 342

Upper Saddle River, NJ 07458

[www.scarolwhiteemsacademy.org](http://www.scarolwhiteemsacademy.org)

## 20<sup>th</sup> District Volunteer Ambulance Squad CEU Tuition Exemption Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student Address: \_\_\_\_\_

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

County: \_\_\_\_\_ Social Security #: \_\_\_\_\_

NJ State EMT ID Number: \_\_\_\_\_ NJ EMT Expiration Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Course Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Bergen County Vol. Ambulance: \_\_\_\_\_

Name of Principal Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Principal Officer: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: Students must be current NJ EMTs and must complete and submit a Registration Form and a separate signed original Tuition Exemption Form for each CEU class they register to attend. Original signatures only - photocopies cannot be accepted.**