

S. Carol White EMS Academy

P.O. Box 342

Upper Saddle River, NJ 07458

www.scarolwhiteemsacademy.org

20th District Volunteer Ambulance Squad CEU Tuition Exemption Form

Last Name: _____ First Name: _____ MI: _____

Student Address: _____

City: _____ State: _____ Zip: _____

County: _____ Social Security #: (last 4 digits) _____

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.