

The S. Carol White EMS Academy presents:

# Integrated EMT Recertification Courses

These courses are 8 hours each totaling 24 CEUs for the A, B, and C courses together. These courses are taught in accordance with the 2009 National EMS Education Standards and meet the NJOEMS and NREMT requirements of a Transition program. Each course can be taken individually or together in sequence, however students must take all 3 courses to complete the recertification course requirements. Each course (A, B, or C) must be registered for individually at [njems.us](http://njems.us). This class is sponsored by the Upper Saddle River VAC and will be held at their building, 378 West Saddle River Rd, Upper Saddle River, NJ 07458. Parking is available in the adjoining parking lot - do not park in duty crew spots). The time frames are as shown below. The NJ EMT Training Fund Continuing Education forms are accepted as payment for EMT Recertification classes for eligible students.

| <u>DAY/DATE</u>   | <u>TIME</u>      | <u>COURSE</u>  | <u>CEUs</u> | <u>COST</u> |
|-------------------|------------------|----------------|-------------|-------------|
| Thursday 12/07/17 | 7:00 PM-11:00 PM | Recert Class A | 8           | \$ 80.00    |
| Friday 12/08/17   | 7:00 PM-11:00 PM |                |             |             |
| Saturday 12/09/17 | 8:00 AM-5:00 PM  | Recert Class B | 8           | \$ 80.00    |
| Sunday 12/10/17   | 8:00 AM-5:00 PM  | Recert Class C | 8           | \$ 80.00    |

Please register on-line at [NJEMS.US](http://NJEMS.US) for each section (A, B, C) and bring this completed application to each class. Make checks payable to S. Carol White EMS Academy or bring a signed EMT Training Fund Eligibility Form for each class. All forms can be found on our website. Contact Paula Weiler at 201-567-8294 with any questions. NQ refunds will be given to students who have attended 1 or more class sessions.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_ M/F \_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

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

Social Security # (last 4): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Squad: \_\_\_\_\_

EMT ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

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

**OFFICE USE ONLY:** Tuition Fee: \$80.00 Paid by: Cash  Comp. Check  Pers. Check  EMT-TF

Date: \_\_\_\_\_ Rec'd By: \_\_\_\_\_ Check No. \_\_\_\_\_