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

January 12 – May 21, 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: January 12, 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 $335 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. The student 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 Avenue, 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 - 1/21/2009*

Please fill out the application below, enclose a copy of your current NYS EMT card with your certified check or money order for $335 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

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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