January 12 – June 18, 2009
Monday & Wednesday Evenings - 6:30 p.m. – 10:00 p.m.

**REGISTRATION: JANUARY 12 - 6:30 PM (Note location below)**

This course includes didactic and practical training in CPR, medical emergencies, trauma, childbirth, oxygen administration, hazardous materials, semi-automatic defibrillation and much more! Students will also receive 16 hours of emergency room &/or ambulance observation time and will have the opportunity for additional observation time on board one of Montefiore Medical Center's 911 ambulances. Upon successful completion of the course, the candidate will sit for the New York State basic EMT certification exam on June 18, 2009.

Course tuition of $800 must be **paid in full** on or before the night of registration by certified check or money order ONLY. Since previous courses have filled prior to registration night, pre-registration is STRONGLY recommended. 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. Students using New York State funding will be required to provide the course textbook. Textbook/Workbook is available for $100. Low cost group purchasing of necessary equipment (stethoscope, blood pressure cuff, penlight, etc.) will be available when the course begins. Students should have a watch with a second-hand, blue or black ink pen and a least one 3” binder for materials. #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)**

**PREREQUISITES:**
♦ Candidate must be 18 years of age on or before the State examination date
♦ Proof of immunizations (MMR, Hepatitis B & current PPD) as required by the Department of Health
♦ Criminal convictions may delay or prevent state certification, but does not prohibit attending course

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)

Please fill out the application below and enclose with your certified check or money order for $800.00 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

Name: ___________________________________________ Date of birth: __________________

Address: ___________________________________________ Apt. #: ___________

City: ___________________________________________ State: ____________ Zip Code: __________

Phone: (______) _______ - ________ Email: _____________________

I have enclosed a: ___Certified Check  ___Money Order  ___Agency Verification Form