EMERGENCY MEDICAL TECHNICIAN REFRESHER PROGRAM

The Responder Specialized Emergency Training Associates announces an upcoming Emergency Medical Technician Refresher Course which will lead to Re-Certification as a New York State Department of Health Emergency Medical Technician-Basic. This program uses the new US DOT and NYS DOH Curriculum.

Faculty: The Responder Specialized Emergency Training Associates, Inc. will provide instructors who have many years of both practical and instructional experience.

Location: The training center is located at the Flushing Community Volunteer Ambulance Corp. (FCVAC) located at 43-16 162 Street, Flushing, NY 11358. There is street parking available.

REGISTRATION DATES: Wednesday, October 10, 2012 from 5:00 PM
Location @ FCVAC, 43-16 162 Street, Flushing, NY 11358, 2nd Floor

CHALLENGE PRETEST: Written – Wednesday, October 23, 2012 @ 6:00 PM
Skills – Wednesday, October 13, 2012 @ 11:00 PM

DATES: October 16, 2012 through December 20, 2012
CLASS DAYS: Tuesdays and Thursdays, 6:00 PM to 10:00 PM
There will also be a few Saturday Classes

TUITION: $400.00 plus cost of textbooks.
Tuition payable on first day of class by cash, money order, certified check
Students who are members of an Ambulance Agency may qualify for NYS Funding Reimbursement

PREREQUISITES: * Must have been previously certified by the NYS-Department of Health as an EMT-B or higher (EMT-I, EMT-CC, EMT-P).
* Complete ICS-100 and IS-700 and HazMat Awareness (1910-120) prior to end of EMT Refresher

Approval pending NYS Department of Health

*** If any questions, call 516-242-0399 ***

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EMT REFRESHER PROGRAM
Complete and return the application below with a copy of your NYS Emergency Medical Technicians Certification Card

Responder Specialized Emergency Training Associates
180 Gardiners Avenue #685, Levittown, NY 11756
Or Fax to 1-888-647-3690

NAME: ____________________________________________

ADDRESS: ________________________________________
(Number & Street) (City) (State) (Zip)

TELEPHONE: (Number you can be reached at) Home: ____________________________
Email: ____________________________ Cell: ____________________________