

# Community Safety Consultants 2013 EMT CEU Classes

1 Safety Place, Metuchen, NJ 08840 Phone: 732-548-4269 FAX: 732-205-9872

E = Electives

Go to our Web Site at [www.communitysafetyconsultants.com](http://www.communitysafetyconsultants.com) for more courses

Dates	Times	CEU's	Topic	Site	Cost
10/12, 13, 19	8:30a – 5:00p	24C	EMT Refresher	Meadowland Hosp. Med. Cntr	\$185
10/15	7:00p – 10:00p	3E	Rx Clues	Union FAS/Rescue	\$30
10/15, 16	6:30p-10:30p	6E	CEVO III	Holmdel FAS	\$45
10/16	7:00p – 10:00p	3E	Fire Rehab	Lyndhurst EMS	\$30
10/17	7:30p – 10:00p	2.5E	ICS-700	Freehold FAS	\$30
10/17,18 19,20	7:00p-11:00p 8:30a – 5:00p	24C	EMT REFRESHER	Flanders EMS	\$185
10/19	8:30a – 4:30p	8E	CEVO III	Hamburg EMS	\$45
10/19	8:30a – 4:30p	12E	ICS-200	Freehold FAS	\$65
10/22	7:00p – 10:00p	3E	Gang Awareness	West Orange FAS	\$30
10/26	9:00a- 2:00p	0	PET First Aid	Lyndhurst EMS	\$45
10/27 11/24	7:00p – 11:00p	8E	CEVO III <b>MUST MAKE BOTH CLASSES</b>	Morgan First Aid Squad	\$45
10/28	7:30p-10:30p	3E	EMS Jeopardy	Englishtown Manaplan EMS	\$30
11/2	8:30a – 4:30p	6E	Defensive Driving	CSC	\$65
11/3	8:30a – 4:30p	8E	CEVO III	Englishtown Manaplan EMS	\$45
11/2, 3	8:30a – 5:00p	16E	PHTLS	JFK	\$200
11/12	7:00p – 10:00p	3E	Diabetes	Union FAS/Rescue	\$30
11/7, 8 11/9, 10	7:00p-11:00p 8:30a – 5:00p	24C	EMT REFRESHER	Madison Park EMS	\$185
11/13	7:30p – 10:30p	2E	Winter Emergency	Hoboken Amb. Corps	\$20
11/11, 12, 13, 14	8:30a – 4:30p	21E	Emergency Medical Dispatch	CSC	\$250
11/19	7:00p – 10:00p	3E	Stress Management	West Orange FAS	\$30
11/21	7:00p – 9:00p	4E	Hazmat Awareness	Flanders EMS	\$20
11/24	8:30a – 4:30p	6E	Defensive Driving	Englishtown Manaplan EMS	\$65
12/5	7:30p – 10:30p	3E	EMS Crime	Hoboken Amb. Corps	\$30
12/10	7:00p – 10:00p	3E	Cardiac Emergency	Union FAS/Rescue	\$30
12/7, 8	8:30a – 5:00p	16E	PHTLS	Meadowland Hosp. Med. Cntr	\$200
12/18	7:30p – 10:30p	3E	Diabetic Emergencies	North Arlington EMS	\$30
12/17	7:00p – 10:00p	3E	Complications of Childbirth	West Orange FAS	\$30
12/27,28,29	8:30a – 5:00p	24C	EMT REFRESHER	CSC	\$185

# Don't see your squad listed – sponsor a course in YOUR building!!!!

## Call 732-548-4269

### Address of Course Locations

Cranbury First Aid Squad 68 Maplewood Avenue Cranbury, NJ 08512	Englishtown-Manaplan First Aid 7 Sanford Ave. Englishtown, N.J. 07726	Flanders EMS 27 Main Street Flanders, N.J. 07836	Hamburg EMS Wallkill Ave. Hamburg, N.J. 07419
Hoboken Amb. Corps 707 Clinton Street Hoboken, NJ 07030	Holmdel First Aid Squad 14 Crawford Corner Road Holmdel, NJ 07733	Hopewell FD & Emerg. Med. Unit 4 Columbia Avenue Hopewell, NJ 08525	Lyndhurst Vol. Emergency Sqd. 297 Delafield Avenue Lyndhurst, NJ 07071
Madison Park First Aid Squad Held at Madison Park Fire co.  3011 Cheese Quake Rd. Parlin, N.J. 08859	Meadowlands Medical Center 55 Meadowlands Parkway Secaucus, New Jersey 07094	Morgan First Aid Squad 1960 Highway 35 North South Ambiy, N.J. 08879	North Arlington Emerg. Squad 575 Schuyler Avenue North Arlington, NJ 07031
Roselle Park FAS 535 Laurel Avenue Roselle Park, NJ 07204	Shrewsbury First Aid Squad 115 Haddon Avenue Shrewsbury, NJ 07702	Tinton Falls EMS- South 1 Volunteer Way Tinton Falls, N.J. 07753	Union-Titusville Rescue Squad 1396 River Road Titusville, NJ 08560
West Orange First Aid Squad 25 Mount Pleasant Place West Orange, NJ 07052			

#### To Register for Classes:

- fill out the registration form below and mail, **with payment**, to CSC
- (DOH/LMS) NJ OEMSCERT.Com, **MUST** also send the registration form below, to CSC

**Registration forms received without payment will be considered invalid**

**At the door** – You may register at the door on a first come, first served basis.

Bring payment along with registration form. **NO CREDIT CARDS**

**\*\*\* If you register on the DOH LMS, you MUST also send the registration form below, and the appropriate form of payment, to CSC \*\*\***

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Payment:** \_\_\_\_\_ **Check** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Money Order (Payable to CSC)** **Amount Enclosed:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_ **Location:** \_\_\_\_\_