



EMERGENCY MEDICAL TECHICIAN FALL BASIC PROGRAM



NEWCome learn and practice in our state of the art EMS laboratory

When: September 12th – December 12th, 2009
(Sept 12, 20, 26 Oct 3, 4, 10, 18, 24, 31, Nov 7, 14, 15, 22, Dec 5, 6, 12)

Time: 8am to 4:30pm

Where: Community Safety Consultants (2nd Floor of Metuchen EMS)
1 Safety Place Metuchen, NJ 08840

Cost: \$595.00 or the EMT Training Fund Form (Includes book)

Prerequisites: Current BLS Healthcare Provider or CPR for Professional Rescuer (see step 4)

Suggestions: Notebook, watch with a secondhand, and a stethoscope, they can be purchased for \$20ea in class if needed.

To register for: **EMT Basic** (follow the 4 steps to get in the program)

Steps 1: Must **register on DOH LMS site:** Go to www.njoemscert.com. Go to log on box click on "I need to create an account", fill in requested info, click on "submit". Write down the number located at the top of screen this is your user name. Go to www.njoemscert.com and log on, click on course catalog, and then catalog. Click on advanced search, go to location put in community safety consultants click on search, scroll down to our EMT basic class, go thru the class dates to the bottom right side where it says register and register for class. You can also use the course number to search **course # 090037902**

Please fill in your LMS user number here (six digits starting with 5) (5 ___ ___ ___ ___ ___)

Steps 2: Mail **or fax:** CSC, 1 Safety Pl, Metuchen, NJ 08840 – Fax 732-205-9872

Name: _____ E-mail: _____

Address: _____ City: _____ NJ Zip: _____

Phone: (____) _____ - _____ Cell #: (____) _____ - _____ EMS Affiliation: _____

Steps 3: Payment: (Check One) _____ EMT Training Fund Form or: _____ Check or money order

Training Fund Form must be sent with your registration above. You are then registered for the course. We can not accept students without completed payment status. Make checks or money order payable to CSC.

Steps 4: Do you have a current Healthcare or Professional level CPR card?

check one _____ **No** _____ **YES** Please send a copy of your CPR card with this registration

If you need a CPR class check our website @ community.saftey.consultants.com for our monthly schedule.

Refund Policy: Full if notice is given at least 10 business days prior to program and in writing, less \$10 for administrative fee. **50% reimbursement:** Issued if notice is give at least 5 business days and in writing, less a \$10 administrative fee. **NO Refunds:** if not in writing and /or less then 5 business days are given.

**New Jersey Department of Health and Senior Services Office of Emergency Medical Services
EMT TRAINING FUND CERTIFICATE OF ELIGIBILITY FOR AN EMT BASIC COURSE**

Name of Student: _____ Volunteer EMS Agency: _____

Student Address: _____

Course Sponsor: Community Safety Consultants 1 Safety Place, Metuchen, NJ 08840 Course Start Date: Sept 12, 2009

The undersigned verifies that:

1. All of the information above is true and accurate. All monies paid for training ONLY be made to the basic course sponsor
2. The EMT listed above is a member or a prospective of a volunteer ambulance, first aid or rescue squad and is eligible for reimbursement of EMT training expenses in accordance with N. J. A. C. 8:40A

Name of Principle Officer, Verified by: (Please Print): _____

Title: _____

Contact/Phone #: _____

Signature of Principle Officer: _____ Date: _____

Notice: It is a crime for any person to falsify information on this application, or make deliberately misleading statements regarding the eligibility of applicants [N.J.S.A 2C: 21.42]