The S. Carol White EMS Academy presents:				
Megral	ENT Recertif	cation Cou	rse	
of the full Recertification CEUs the EMT-B has alrea EMS Education Standard program. Students mus This class is sponsored I	se of the EMT Recertification series. This series. This will count as either CORE of ady completed. This course is taught in a dis and meets the NJOEMS and NREM t take all 3 courses to complete the recoy the Old Tappan First Aid Corps and II Ave, Old Tappan, NJ 07675.	or Elective credits based u accordance with the 2009 AT requirements of a T accertification course required	National ransition rements.	

DAY/DATE TIME COURSE CEUs COST Saturday 3/3/18 8:00 AM- 5:00 PM Recert Class B 8 \$ 80.00 Please register on-line at NJEMS.US for this class and bring this completed application to class. Make checks payable to S. Carol White EMS Academy or bring a signed EMT Training Fund Eligibility Form. All forms can be found on our website. Contact Paula Weiler at 201-567-8294 with any questions. NO refunds will be given to students who have attended 1 or more class sessions. Last Name:								
Please register on-line at NJEMS.US for this class and bring this completed application to class. Make checks payable to S. Carol White EMS Academy or bring a signed EMT Training Fund Eligibility Form. All forms can be found on our website. Contact Paula Weiler at 201-567-8294 with any questions. NO refunds will be given to students who have attended 1 or more class sessions. Last Name:	DAY/DATE	<u>TIME</u>	<u>COURSE</u>	<u>CEUs</u>	<u>COST</u>			
Make checks payable to S. Carol White EMS Academy or bring a signed EMT Training Fund Eligibility Form. All forms can be found on our website. Contact Paula Weiler at 201-567-8294 with any questions. NO refunds will be given to students who have attended 1 or more class sessions. Last Name: M.I.: M/F Address: M/F City: Apt: Social Security # (last 4): Date of Birth: Zip Code: County: Www.scarolwhiteemsacademy.org OFFICE USE ONLY: Tuition Fee: \$80.00	Saturday 3/3/18	8:00 AM- 5:00 PM	Recert Class B	8	\$ 80.00			
Address:	Make checks payable to S. Carol White EMS Academy or bring a signed EMT Training Fund Eligibility Form. All forms can be found on our website. Contact Paula Weiler at 201-567-8294 with any questions.							
City: State: Zip Code: County: Social Security # (last 4): Date of Birth: Squad:	Last Name:		First Name:	M.I.:	M/F			
Social Security # (last 4): Date of Birth: Squad: EMT ID #: Phone #: e-mail: www.scarolwhiteemsacademy.org OFFICE USE ONLY: Tuition Fee: \$80.00 Paid by: Cash □ Comp. Check □ Pers. Check □ EMT-TF □	Address: Apt:							
EMT ID #: Phone #: e-mail: www.scarolwhiteemsacademy.org OFFICE USE ONLY: Tuition Fee: \$80.00 Paid by: Cash Comp. Check Pers. Check EMT-TF	City:	S	tate: Zip Code:	County:				
www.scarolwhiteemsacademy.org OFFICE USE ONLY: Tuition Fee: \$80.00 Paid by: Cash Comp. Check Pers. Check EMT-TF	Social Security # (last 4): Date of Birth: Squad:							
OFFICE USE ONLY: Tuition Fee: \$80.00 Paid by: Cash Comp. Check Pers. Check EMT-TF	EMT ID #: Phone #: e-mail:							
	www.scarolwhiteemsacademy.org							
Date: Rec'd By: Check No.	OFFICE USE ONLY:	Tuition Fee: \$80.00 Pa	id by: Cash 🗌 Comp. Cl	heck 🗌 🦳 Pers. Check 🗌	EMT-TF			
	Date:	Rec'd By:		Check No				