

The S. Carol White EMS Academy presents:

# Integrated EMT Recertification Courses

These courses are 8 hours each totaling 24 CEUs for the A, B, and C courses together. They will count as either CORE or Elective credits based upon the CEUs the EMT-B has already completed. These courses are taught in accordance with the 2009 National EMS Education Standards and meet the NJOEMS and NREMT requirements of a Transition program. Each course can be taken individually or together in sequence, however students must take all 3 courses (first 2 courses are 2 sessions each) to complete the recertification course requirements. Each course (A, B, or C) must be registered for individually at [njems.us](http://njems.us). All classes are held at the Ridgewood Emergency Services building, 33 Douglas Place, Ridgewood, NJ 07450. The time frames are as shown below.

<u>DAY/DATE</u>	<u>TIME</u>	<u>COURSE</u>	<u>CEUs</u>	<u>COST</u>
Wednesday 10/21/15	7:00 PM-11:00 PM	Recert Class A	8	\$ 80.00
Thursday 10/22/15	7:00 PM-11:00 PM			
Tuesday 10/27/15	7:00 PM-11:00 PM	Recert Class B	8	\$ 80.00
Thursday 10/29/15	7:00 PM-11:00 PM			
Sunday 11/1/15	8:00 AM-5:00 PM	Recert Class C	8	\$ 80.00

Please register on-line at [NJEMS.US](http://NJEMS.US) for each section (A, B, C) and bring this completed application to each class. Make checks payable to S. Carol White EMS Academy or bring a signed EMT Training Fund Eligibility Form for each class. 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: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ M/F \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Social Security # (last 4): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Squad: \_\_\_\_\_

EMT ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

[www.scarolwhiteemsacademy.org](http://www.scarolwhiteemsacademy.org)

**OFFICE USE ONLY:** Tuition Fee: \$80.00 Paid by: Cash  Comp. Check  Pers. Check  EMT-TF

Date: \_\_\_\_\_ Rec'd By: \_\_\_\_\_ Check No. \_\_\_\_\_