

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 to complete the recertification course requirements. Each course (A, B, or C) must be registered for individually at njems.us. This class is sponsored by Mahwah EMS and will be held at their South building, 52 Fardale Ave, Mahwah, NJ 07430. Parking is available in the adjoining lot. The time frames are as shown below. The NJ EMT Training Fund Continuing Education forms are accepted as payment for EMT Recertification classes for eligible students.

| DAY/DATE | TIME | COURSE | CEUs | COST |
|-------------------|------------------|----------------|------|----------|
| Thursday 9/15/16 | 7:00 PM-11:00 PM | Recert Class A | 8 | \$ 80.00 |
| Friday 9/16/16 | 7:00 PM-11:00 PM | | | |
| Wednesday 9/21/16 | 7:00 PM-11:00 PM | Recert Class B | 8 | \$ 80.00 |
| Thursday 9/22/16 | 7:00 PM-11:00 PM | | | |
| Tuesday 9/27/16 | 7:00 PM-11:00 PM | Recert Class C | 8 | \$ 80.00 |
| Thursday 9/29/16 | 7:00 PM-11:00 PM | | | |

Please register on-line at 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

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