Emergency Medical Technician

This program is designed to prepare individuals to take the State of Connecticut Emergency Medical Technician certification examination.

Training is accomplished through both classroom and practical skill building sessions using State of Connecticut Certified Emergency Medical Services Instructors, experienced EMS field personnel and other specialized guest lecturers.

Class size is limited to 30 people

<u>Deadline for registration is</u> March 21st, 2016

Mail Completed Registration Forms to:

Hunter's Ambulance Service EMS Education Center Attention: Stephanie Karpey 450 West Main Street Bldg #3

For Additional Information Please Call: 203-514-5142

Fax: 203-514-5157

Email: StephanieK@huntersamb.com

Dates and Times

Classes start on April 7th, 2016 and will run on Tuesday and Thursday evenings from 6:00 p.m. to 9:30 p.m. and one Saturday session per month. A working internet account is required for on-line assignments.

Students must be 16 years of age or older. Students under 18 years of age must have a signed parental permission form. (Available a time of registration)

Class size is limited to 30 students.

Total Course Fees: \$975.00

This covers tuition, textbooks, final course testing fee's and an AHA CPR card.

There are additional costs for the State of Connecticut Certification

Testing upon course completion.

Deadline for applications will be March 21st, 2016. All Course fee's must be paid in full by this date to reserve a seat in the class.

For further information call 203-514-5142.

Hunter's
Ambulance
Service
Spring 2016
Emergency
Medical
Technician
Course



Date: April 7th, 2016 Time: 6:00 p.m.

Hunter's Ambulance EMS Education and Training Center 474 West Main Street Meriden, CT 06451

Hunters Ambulance Spring 2016 EMT Course Registration Form

Name		Complete this form and return it to: Hunter's Ambulance Service EMS Education Center Attention: Stephanie Karpey 450 West Main Street Bldg #3 Meriden, CT 06451			
Address		Please make your <i>bank check or money order</i> payable to:			
		"Hunters Ambulance Service"			
Town	Zip	NO PERSONAL CHECKS ARE ACCEPTED			
		Place 'Spring 2016 EMT Class' in the memo section			
Phone		We also accept all Major Credit Cards Simply complete the information below			
Department Affiliation (if Ap	oplicable)	Space will be reserved only upon receipt of full payment prior to the registration date.			
Dopardinom / minadon (ii / ip	, priodolo j	 Please be advised there is a \$25.00 fee for returned credit or debit cards and checks There are no refunds. 			
E-mail address (REQUIRE	D)				

IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW					
UVISA DYNA	☐ MASTERCARD			□AMER. EXP.	
CARD NUMBER		EXP. DATE		AMOUNT	
SIGNATURE			MUST INCLUDE 3 DIGIT SECURITY CODE FROM		
		BACK OF	CARD		