EMERGENCY MEDICAL TECHNICIAN
Basic Training Program

CHILTON MEMORIAL HOSPITAL

Chilton Memorial Hospital has been accredited by the Office of Emergency Medical Services of the New Jersey Department of Health as meeting the requirements of N.J.A.C. 8:40A for an approved EMT-B Training Site. Upon successful completion of the course, participants will be eligible to take the certification examination for Emergency Medical Technician administered by the New Jersey Department of Health.

Course Fee: $ 550, including approved textbook and materials. Books will be distributed at the first session. **In accordance with N.J.A.C. 8:40A, this program is free of charge for members or prospective members of volunteer First Aid and Rescue Squads.**

Students meeting the criteria of Volunteer Affiliation (First Aid or Rescue Squad) under N.J.A.C. 8:40A will be asked to submit documentation to that effect. Forms will be mailed upon receipt of registration.

AFFILIATED STUDENTS SHOULD NOT SUBMIT PAYMENT WITH REGISTRATION.

Prerequisite: *All students must hold a current Healthcare Provider CPR card prior to the start of the course*. For CPR course information, contact the CPR Training Center at (973) 831-5172. Please attach a copy of your CPR card to your application. **Students must be 16 years of age prior to the first day of class. Students under 18 require written parental permission.**

Cancellation & Refund Policy: Refund in full up to 15 days prior to the class. After 15 days, cancellation fee is $25. Pro-rated refunds will be issued up to 10 days after the first day of class. Absolutely no refunds will be issued after the 10th class session. Students are responsible for payment of textbooks.

Course Times: 7:30 to 10:30 p.m. Mondays and Thursdays, plus several Saturday sessions.

Check One: _____Spring Semester _____Summer Semester _____Fall Semester

For further information, contact the MICU Office at (973) 831-5170.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Squad Affiliation: _____

Home Phone: _____Work Phone: _____

Social Security No.:_____

Please return registration form and a check made payable to **Chilton Memorial Hospital** to: Jacqueline McNally MICP, Chilton Memorial Hospital, 97 West Parkway, Pompton Plains, NJ 07444.

Persons desiring to pay by credit card may do so by completing the following information:

[ ] Visa

[ ] MasterCard

Acct No: _____ Expires: _____

Name on Card: _____

Signature:_____