

## **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.*

**Classes start January 5th, 2017 at 6 p.m.**

**Class size is limited to 30 people**

**Deadline for registration is December 19th, 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](mailto:StephanieK@huntersamb.com)

## **Dates and Times**

Classes start on January 5th, 2017 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 December 19th, 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 2017 Emergency Medical Technician Course**



**Date: January 5th, 2017**

**Time: 6:00 p.m.**

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

Hunters Ambulance  
Spring 2017 EMT Course Registration Form

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_ Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Department Affiliation (if Applicable)

\_\_\_\_\_  
E-mail address (REQUIRED)

**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**

**Please make your *bank check or money order* payable to:**





**“Hunters Ambulance Service”**

**NO PERSONAL CHECKS ARE  
ACCEPTED**

**Place ‘Spring 2017 EMT Class’ in the  
memo section**

**We also accept all Major Credit Cards  
Simply complete the information  
below**

- **Space will be reserved only upon receipt of full payment prior to the registration date.**
- **Please be advised there is a \$25.00 fee for returned credit or debit cards and checks**

<b>IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW</b>		
<input type="checkbox"/> VISA 	<input type="checkbox"/> MASTERCARD 	<input type="checkbox"/> DISCOVER 
<input type="checkbox"/> AMER. EXP. 		
<b>CARD NUMBER</b>	<b>EXP. DATE</b>	<b>AMOUNT</b>
<b>SIGNATURE</b>	MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD	