The Training Institute for Medical Emergencies and Rescue

All Courses are presented in the School Building located on 345 Falcon Avenue, Staten Island, NY

EMT REFRESHER COURSE

SPRING 2018 STARTS MONDAY, FEBRUARY 12, 2018

The 11 th Edition of the AAOS "Orange Book"  
Emergency Care & Transportation of the Sick & Injured,  
Free Access to AAOS 11th ed. On-Line Tests,  
Access to The TIMER Download Site, Course Notes and PowerPoint Lectures, and Additional Course Hand-outs.

Tuition is $375.00

Class starts at 7:30 pm Week Nights and Promptly at 9 am on Weekend Dates

You must be in class BEFORE it starts.
The Training Institute for Medical Emergencies & Rescue
Presents
The Spring Refresher 2018 NYS EMT Course

PREREQUISITES:
Candidates must already be/have been certified as a NYS EMT, and have no criminal history (10NYCRR-800.6F).

SYNOPSIS:
The EMT Challenge Refresher Course is recommended for working EMT’s. The course consists of an update to the New EMS national standard curriculum, review changes in the NYS DOH protocols, a review of NYC REMSCO Protocols followed by a 150 question challenge exam. The exam is divided into modules that match the curriculum and the NYS Exam scoring breakout. A score below 75% on a module will enable the student to attend remediation classes for that module. The written and challenge practical exam will also include AHA BCLS.

FEES:
If you are a NYS EMT working for ANY Ambulance Agency Certified by the DOH in NYS, fill out the accompanying NYS Form 3312, have it completed by your Agency, and submit it with your application. **If you do not qualify for State funding, the cost of tuition is $375.00** which includes a non-refundable application fee of $50.00, and is to be paid as follows: **$150.00 to be paid with this application** (the tuition is refundable with written notification 10 days prior to the start of the course less the application fee). The balance of $225.00 is due on the first day of class, payable by Cash, PO or Bank Money Order ONLY. Personal checks are NOT accepted.

LOCATION, DATES & TIMES:
Classes start on Monday February 12, 2018 at 7:30 pm, Oakwood Heights Community Church 345 Guyon Ave, Staten Island NY 10306
The Challenge portion for the course will meet Monday February 12, 2018 7:30 PM Monday 2/19/17 7:30 PM Wednesday 2/21/18 7:30 (Written Challenge), & the Challenge Practical on Sat, 2/24/18 9 AM.
The main course for remedial classes is on Monday and Wednesday evenings from 7:30 to 10:30 pm. Weekend dates meet from 9am to 4pm, (with lunch break) OR 9 am to 1 pm ~ Please consult your schedule or the website for weekend dates.
The NYS Final Practical Exam is on Sat, 6/16/18 (student who don't challenge out), and the NYS Written Exam is on Thursday, June 21, 2018, at 6:30 pm.
The School is located at Oakwood Heights Community Church 345 Guyon Ave, Staten Island NY 10306

TO APPLY:
Fill out the application below and forward with a payment in the form of a money order made payable to: TIMER, INC and mail to:
TIMER, INC/EMT Refresher
1365 North Railroad Ave #105
Staten Island, NY 10306
Applications should be received ASAP. Applications are processed on a first-come first-serve basis, and seating is limited.
Early application is strongly advised. Walk-ins accepted. Full refunds are given only to those applicants who are closed out. TIMER is a NYS DOH Authorized Sponsor and Teaching Affiliate of Richmond University Medical Center.
We can be reached at 718-948-7932, and on the WEB at www.TimerEMT.com

NAME: ____________________________________________
E-mail____________________
ADDRESS: ____________________________________________________________________________________________
CITY/STATE/ZIP: ___________________________________________________________________
Phone: ________________________ AMOUNT ENCLOSED: _____________
Verification of Membership in a NYS EMS Agency

Please print legibly in capital letters or type. Put one letter or number in each box. This form must be completed and returned to the Course Sponsor prior to the completion of the course.

Course Number

Check if this application is for: Original Certification Recertification (If you are recertifying you must include your NYS EMS I.D. Number)

EMS Identification Number (If you have one)
Only write your NYS EMS number in this space

Applicant's Last Name

Applicant's First Name and M.I

If you belong to an EMS agency, please indicate the agency code in the box(es) below.

Primary EMS Agency

Secondary EMS Agency

Primary Agency Name

Primary Agency Captain, Chief, or other agency official signing the affirmation on this form

Last Name

First Name and M.I.

Official’s Agency Title

NYS EMS Identification Number (If you have one)

Personal Affirmation
I, as an official representative of the primary NYS EMS agency listed on this form, affirm that the applicant named on this form is a member of the primary NYS EMS service. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

Read Carefully Before Signing
I, as the applicant, hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as applicant. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

(Agency Official’s Signature) (Date)

(Applicant’s Signature) (Date)

DOH-3312 (5/07)