All students MUST attend the first day of class. No exceptions, no accommodations!

COUNTY OF SUFFOLK, DEPARTMENT OF HEALTH SERVICES, EMS DIVISION

Emergency Medical Technician – Basic Original Course

LOCATION: West Islip Fire Dept., 309 Union Blvd., West Islip, NY 11795

INSTRUCTOR: Drew Fried

DATES: 11/7/19 to 6/18/20

SKILLS FINAL: Approx. Sunday 6/7/20 9am  SC EMS Division, Yaphank

WRITTEN FINAL: 6/18/20 (Thurs. 7 pm)

DAYS/TIMES: Tuesdays & Thursdays 6:30pm to 9:30pm-10:30pm & 7 Saturdays 8:30am to 11:30am-3pm (11/16/19, 11/23/19, 12/21/19, 1/4/20, 2/8/20, 3/7/20, & 4/11/20)

FEE: $125.00 for EMS Personnel (AAOS 11th Edition Textbook and AHA CPR Book) $905.00 for NON EMS (AAOS 11th Edition workbook available for purchase for an additional $40.00.)

STUDENTS MUST BE 17 YRS OLD BY THE MONTH OF THE NYS WRITTEN EXAMINATION.

Students must have their own b/p cuff, stethoscope, notepads and writing tools. **No walk in students will be allowed**

Pre-requisites: FEMA NIMS 100, NIMS 700 and HazMat Awareness – OSHA Compliant minimum 3 hours. (FEMA links will be emailed to students with the confirmation email, if students haven’t already taken those classes.) Firefighter 1 AFTER 2003 will count for HazMat Awareness, must show proof. (All HazMat Awareness classes MUST have been taken after 9 11 to count.) Copies of certificates must be handed in to the instructor within the first month of the course.

To reserve seating for this course: Complete this form with check(s)/money order(s) payable to the Suffolk County EMS Division (please postdate check(s) to the start date of the course). Please mail to: Suffolk County EMS Division, 360 Yaphank Ave., Suite 1B, Yaphank, NY 11980, Attn: EMT Courses. Per County Resolution #968-1997, there will be an additional $20 fee added to the cost of the course for any checks returned with notice of “insufficient funds.” NO SEAT WILL BE HELD UNLESS FULL PAYMENT IS RECEIVED.

Please note: Forms will be returned if incomplete, illegible, or if the course is full or canceled. No seat will be held unless the registration process is complete. You will receive a confirmation email. Please make sure you include your email address in the box below. If you do not have an email address, please make sure your mailing address is listed on the check. You will receive a confirmation letter in the mail. Enrollment is first come, first serve.

SC 2190315

EMT-Basic Original Course
West Islip Fire Department

CORPS/DEPT: _________________________________ NYS EMS AGENCY CODE #:______________________

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This is to certify that the individuals identified above are members of this EMS Agency.

Officer (Print Name) ___________________________ Date __________ Title ___________________________

Signature ___________________________ Phone # (daytime) ___________________________