



About The Program

EmergencyCare's EMT-B programs are taught in partnership with Butler County Community College and follows the 2011 National EMS Education Standards.

Our 188 hour, fast paced course meets several times a week over a 4 month period to allow students the necessary time to learn the course materials and master the highly technical skills they will need to function as a competent Emergency Medical Technician. During the course, students will learn about anatomy; physiology; proper lifting and moving; patient assessment; and treatment for cardiac arrest, medical emergencies, and traumatic injuries by participating in a mix of lectures, hands on labs, and clinical rotations designed to prepare them for the National Registry of EMT Certification Exams. Students also receive certifications from the Pennsylvania State Fire Academy and the Federal Emergency Management Agency for Hazardous Materials Awareness and National Incident Management System (NIMS).

Refund and Cancellation Policy

To withdraw from the course and receive a refund of tuition paid, you *must* submit a written request in the form of a letter, email, or fax to EmergencyCare Education by **Wednesday, January 3, 2018.**

Cancellations received after this date are not eligible for a refund of any kind.

Please Note: All refunds take 2 to 4 weeks to process and are subject to a \$75 administration fee.



Emergency Medical Technician Classes at *EmergencyCare*

JANUARY 9 – MAY 3, 2018

**TUESDAYS & THURSDAYS 6PM-10PM
&
EVERY OTHER SATURDAY 8AM-5PM**

Program meets or exceeds the requirements of the PA Department of Health, Bureau of EMS, as set forth by the 2011 National EMS Education Standards.



1926 Peach Street
Erie, PA 16502
814-870-1940
www.EmergencyCare.org/education



EMT COURSE INFORMATION

REGISTRATION INFORMATION
ERIEEMT20545

New for 2018!

- Complete *EmergencyCare's* EMT Course and work at *EmergencyCare* full-time for 6 months and receive a refund for your full tuition!

OR

- Complete *EmergencyCare's* EMT Course and work at *EmergencyCare* part-time for 6 months and receive a refund for 1/2 of your tuition!

How to Register

Go to: www.EmergencyCare.org/education

Or

Complete and return the attached registration with payment or invoice request to:

EmergencyCare Education
1926 Peach Street
Erie, PA 16502

*Please Note: Your registration and payment must be received at EmergencyCare no later than **noon on Wednesday, January 3, 2018** in order to be considered for admission. See back panel for refund and cancellation policy.*



EmergencyCare and Butler County Community College are accredited Training Institutes through the PA Department of Health, Bureau of Emergency Medical Services.

Course Requirements

- Be at least 16 years of age.
- Be fluent in the English language.
- Maintain a 70% or higher GPA in the course.
- Score 70% or higher on course final exam.
- Meet course attendance requirements.
- Have access to the internet.
- Obtain the following Background Clearances:
 - Act 34 (PA State Clearance)
 - Act 114 (FBI-Cogent Clearance)
 - Act 151 (PA Child Abuse Clearance)
- Provide proof of immunization against Mumps, Rubella, Rubeola, & Varicella Zoster.
- Provide proof of receiving a PPD and Influenza Vaccine within 12 months.

Please Note: Specific instructions for your Background Clearances, Immunizations, PPD and Influenza Vaccine will be provided to you on the first night of class.

Costs

Course Tuition: \$500 due at time of registration.

Textbook Cost: Textbook price varies depending on where and how book is obtained and is the responsibility of the student to obtain by the first class. Text required:

PreHospital Emergency Care, 11th edition
ISBN: 978-0-13-470445 -6

COMPLETE OUR EMT CLASS AND WORK FOR *EMERGENCYCARE* FOR 6 MONTHS AND RECEIVE UP TO A 100% TUITION REFUND!

Please invoice my Organization for this course

Name of Organization

Billing Address

City State

Zip

Name of person approving purchase P.O.#

Signature Date

My signature certifies I am authorized to approve training & purchases for my organization and that I am authorizing the enrollment & all fees associated with the above named individual attending this course.

Last Name First Name MI

Soc Sec # DOB

Address

City State Zip Gender

Home Phone # Cell Phone #

Email: Date

Signature

Payment Information— Tuition Cost: \$500

Attached is my check payable to *EmergencyCare*
If you would like to pay with Credit Card, please register at EmergencyCare.org/Education