

ATLANTIC

TRAINING CENTER

WEEKEND EMT – BASIC COURSE

Saturdays and Sundays 0800 – 1500 hrs

Starting Date – January 5th, 2008

Course Site: Morris County Public Safety Training Academy
500 W. Hanover Ave. Parsippany, NJ 07054

Registration Information: Lynda Schwab (908) 522-5395

FEES:

Volunteer Services – NJ Training Fund Eligible	Non-eligible Applicants
Free - Must Provide Certificate of Eligibility	\$700

NOTE: All fees include Textbooks and course materials

ABSOLUTELY NO REFUNDS AFTER 1/5/08

Orientation: January 5th, 2008 at 0800hrs (All students are required to attend, class starts at 1000hrs)

Prerequisite: You must have a current **Healthcare Provider/Professional Level CPR card** for entry. If you do not have a CPR card, call our office to arrange training in conjunction with the EMT – Basic course.

Make checks payable to – Atlantic Training Center, and remit to:

Atlantic Training Center
PO Box 220 – Internal Box # 256
Summit, NJ 07902

All applications must be submitted with a copy of your CPR card and payment or Certificate of Eligibility. WE WILL ACCEPT COMPLETE REGISTRATIONS ONLY!

Please Print

NAME: _____ DAY PHONE: _____

ADDRESS: _____

CITY/ZIP: _____ SS#: _____

E-Mail Address: _____ Add to our Email Mailing List

AFFILIATION: _____ DATE OF BIRTH: _____

CPR EXPIRATION: _____ (Enclose Copy)

EMT-B 1/08

**New Jersey Department of Health and Senior Services
Office of Emergency Medical Services**

**EMT TRAINING FUND
CERTIFICATE OF ELIGIBILITY FOR AN EMT BASIC COURSE**

Name of Student: _____

Volunteer EMS Agency: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Course Sponsor: _____

Course Start Date: _____

The undersigned verifies that:

1. All of the information above is true and accurate.
2. The EMT listed above is a member or a prospective member of a volunteer ambulance, first aid or rescue squad and is eligible for reimbursement of EMT training expenses in accordance with N.J.A.C. 8:40A.
3. All monies paid for training will ONLY be made to the basic course sponsor.

Verified by:

Name of Principal Officer (Print): _____

Title: _____

Contact/Telephone Number: _____

Signature of Principal Officer: _____ Date: _____

NOTICE: It is a crime for any person knowingly or willfully to provide false information on this application, or make deliberately misleading statements regarding the eligibility of applicants [N.J.S.A. 2C:21-4(s)].



**2007 EMT-Basic Course
Training Insurance Form**

Registrant's Full Name

Registrant's Full Name

Note: Please print – additional registrants may be listed on reverse side of form.

To the fullest extent permitted by law, the municipality, or agency requesting training for this individual agrees to defend, indemnify and hold harmless the County of Morris, the Morris County Fire Fighters and Police Training Academy, and all employees, servants and agents ("the county") from any liability, claims, civil actions and expenses, (including reasonable attorney's fees), arising out of the training or instruction to be provided at the academy. Said agreement shall apply, regardless of the allegations made against the County by the student, this organization or a third party, and even if the claim, etc. involves an allegation of improper, negligent, or inadequate instruction, training or curriculum.

Authorized Official's Certification: I hereby certify that all personnel from this department enrolled in the above course are covered by Workmen's Compensation and Liability Insurance or are otherwise adequately insured.

Signature

Department / Agency Name

Date

Mailing address:

Street

City, State, Zip

Department / Agency Phone #: _____

Note: If no affiliation, please attach a copy of your insurance card and sign as the authorized official.

**NEW JERSEY DEPARTMENT OF HEALTH & SENIOR SERVICES
OFFICE OF EMERGENCY MEDICAL SERVICES
EMT-BASIC COURSE APPLICATION AND SCHEDULE**

THIS APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETED IN ITS ENTIRETY

Course Sponsor	Atlantic Health System	Coordinator	Scott Durlester	Primary Inst	
Sponsor Contact	Raymond Dwyer III	Address	P.O. Box 220	ID Number	
Sponsor Phone#	908-522-5395	City/State/Zip	Summit, NJ 07902	Day Phone#	908-522-5395
Medical Director	Sol Nevins, MD	ID Number		Night Phone#	908-522-5395
Address	100 Madison Avenue, Morristown NJ	Day Phone#	908-522-6963	Course Location	Morris County Fire & Police Academy
Phone Number	973-971-5044	Night Phone#	908-522-6963	Class Days/Time	Sat/Sun 0800 - 1500
Text	Brady PreHospital Emergency Care 7th	Est. # Students	60	Course Fee	\$600.00

Lesson	Course Session	Date	Time	Day	Reading Assignments
	MODULE 1 - Preparatory		START -END		
1-1	Introduction to Emergency Medical Care (1.5 hours)	1/3/08	19:00-20:30	Thurs	Chapters 1 and 2
1-2	Well-Being of the EMT-Basic (1.5 hours)	1/3/08	20:30-22:00	Thurs	
1-3	Medical/Legal and Ethical Issues (1.5 hours)	1/5/08	08:00-9:30	Sat	Chapters 3, 4 and 5
1-4					

Lesson	Course Session	Date	Time	Day	Lecturer/Instructor & Title
	MODULE 4 (continued)		START-END		
4-7	Environmental Emergencies (2.0 hours)	2/16/08	08:00-10:00	Sat	Chapters 24, 25, 26 and 27
4-8	Behavioral Emergencies (1.5 hours)	2/16/08	10:00-11:30	Sat	
4-9	Obstetrics and Gynecology (2.0 hours)	2/16/08	12:00-14:00	Sat	
4-10	Practical Skills Lab: Medical/Behavioral Emergencies and Obstetrics/Gynecology (8.0 hours)	2/16/08 & 2/23/08	14:00-15:00/ 08:00-15:00	Sat/Sat	
4-11	Evaluation: Medical/Behavioral Emergencies and Obstetrics/Gynecology (2.0 hours)	3/1/08	08:00-12:00	Sat	
	MODULE 5 – Trauma				
5-1	Bleeding and Shock (2.0 hours)	3/1/08	13:00-15:00	Sat	Chapters 28 and 29
5-2	Soft Tissue Injuries (2.0 hours)	3/2/08	08:00-11:00	Sun	Chapters 30, 31, 32 and 36
5-3	Musculoskeletal Care (4.0 hours)	3/2/08 & 3/8/08	11:00-15:00 08:00-09:00	Sun/Sat	
5-4	Injuries to the Head and Spine (4.0 hours)	3/8/08	09:00-13:30	Sat	Chapters 33,34 and 35
5-5	Practical Skills Lab: Trauma (6.0 hours)	3/8/08 & 3/15/08	13:30-15:00 08:00-15:00	Sat/Sat	
5-6	Evaluation: Trauma Module (2.0 hours)	3/29/08	08:00-11:30	Sat	
	MODULE 6 - Infants and Children				
6-1	Infants and Children (3.0 hours)	3/29/08			