

# ATLANTIC

## TRAINING CENTER

### DAYTIME EMT – BASIC COURSE

Tuesday and Thursday 0900 – 1430 hrs  
Starting Date – February 5<sup>th</sup>, 2008

Course Site: Summit Volunteer First Aid Squad Building – 2<sup>nd</sup> Floor  
Summit Ave. Extension, Summit, NJ 07902

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 2/5/08**

**Orientation:** February 5<sup>th</sup>, 2008 at 0900hrs (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)

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)].