

Emergency Medical Technician Course Listing  
 Phone (718) 333-CARE (2273)  
 www.emergencycareny.com



**EMERGENCY CARE  
 PROGRAMS**

***EMT Hybrid Refresher***  
**COURSE LISTING**

To register for the EMT Hybrid Refresher course listed below, please mark the box next to the course that you are registering for and complete the information at the bottom of this form. Mail this completed registration form and the \$195.00 non-refundable registration fee (payable to Emergency Care Programs by check or money order only) to:

ADDRESS:

Emergency Care Programs  
 872 East 29th Street  
 Brooklyn, NY 11210

|  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> <b>R5804*</b> | ECP Bay Parkway<br>6715 Bay Parkway<br><b>Brooklyn, NY</b> | Start Date 04/10/2018<br>End Date-06/21/2018 | Tuesday, Thursday<br>6:00 PM - 10:00 PM |
|--|--|--|---|

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day() \_\_\_\_\_ Evening (): \_\_\_\_\_

Other \_\_\_\_\_ Email: \_\_\_\_\_

EMT# \_\_\_\_\_

**For Office Use Only:**

|                  |  |         |  |
|------------------|--|---------|--|
| Date Received    |  | Amount: |  |
| Form of Payment: | <input type="checkbox"/> CASH <input type="checkbox"/> CK # _____ <input type="checkbox"/> MO # _____ <input type="checkbox"/> Other _____ |         |  |

\*Pending NYS DOH Approval.

