

# Cuyahoga Community College

## *ADVANCED EMS TRAINING*

### 150 HOUR EMT-INTERMEDIATE COURSE

- PREREQ:
- Complete the Tri-C and EMT program application
  - Current EMT-Basic
  - Current BLS provider card
  - NIMS 100 & 700
  - Immunization update to include TB 2Step
  - Proof of health insurance

FEE: \$900 per student includes EMT Intermediate text/workbook and Fast & Easy ECGs and Practice ECG's

Criminal Background Check (approximately \$85)

Liability Insurance (\$12.50)

National Registry Exam Fee \$100

DATES: \_\_\_\_\_ **May** 4, 6, 11, 13, 16, 18, 20, 27 **June** 1, 3, 6, 8  
10, 15, 17, 20, 22, 24, 27, 29, **July** 1, 8, 2009

**OR**

\_\_\_\_\_ **Sept** 9, 14, 16, 21, 23, 26, 28, 30, **Oct.** 5, 7, 10,  
14, 19, 21, 24, 26, 28, **Nov.** 2, 4, 7, 9, 16, 2009

Class will meet two nights a week from 6:00 to 10:00 pm and four **Saturdays** from 9:00 am to 3:30 pm - hours to include lecture, lab and clinicals.

LOCATION: Grafton Village Fire Department  
John Cutter, Chief  
1013 Chestnut Street  
Grafton, OH 44044  
(440) 926-2075

**REGISTRATION:**

Call Gwen Kovach @ 216-987-5429 or Marcey Virant @ 216-987-5060 to receive required registration forms.



# EMS Training Registration Form

I will be attending: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Please Print and Complete All Items

New Student     Returning Student    Last Attended:    
Month                      Year

<u>Personal Information</u>				
SS# (required): _____				
Name _____				
<small>Last</small>	<small>First</small>	<small>MI</small>	<small>Maiden</small>	
Address _____				
<small>Number</small>		<small>Street</small>		<small>Apt. No.</small>
<small>City</small>		<small>State</small>	<small>Zip</small>	<small>County</small>
Phone _____				
<small>Area Code</small>		<small>Number</small>		
E-Mail _____				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female				
Ethnic Code <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan				
<input type="checkbox"/> White (non-hispanic) <input type="checkbox"/> Asian, Pacific Islander, Indian Subcontinent				
<input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____				
Date of Birth (required) _____				
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No				

<u>Employment Information</u>			
Dept _____			
Position _____			
Address _____			
<small>Number</small>		<small>Street</small>	
<small>City</small>		<small>State</small>	<small>Zip</small>
Phone _____			
<small>Area Code</small>		<small>Number</small>	
FAX _____			
<small>Area Code</small>		<small>Number</small>	
<small>Extension</small>			

<u>Mail or FAX In Registration</u>	
<b>Payment Type</b>	
<input type="checkbox"/> Bill Company	P.O # _____*
<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Money Order
<input type="checkbox"/> Master Charge	Exp. Date _____
<input type="checkbox"/> Visa	Exp. Date _____
<input type="checkbox"/> Discover	Exp. Date _____
V code _____	
Account Number _____	
Name on Card _____	
Signature _____	

### Registration Information:

Please make checks payable to Cuyahoga Community College.

To register over the phone, please call (216) 987-5429 or 5060.

Mail registrations to Cuyahoga Community College; 11000 Pleasant Valley Rd.; Crile 200-A; Parma, OH 44130.

Fax registrations to (216) 9875468.

**\*NOTE: If your dept. is paying, you must fax or include a copy of the purchase order or Letter of Intent.**

Course Reference Number	Course Title	Date	Cost
	150 Hour EMT Intermediate		
	<i>Indicate which class date you prefer</i>		