



Where to call

If you are interested in the class and want to be placed on the pre-registration list or need additional information please call or e-mail Joe Kovacs

586.463.5125

JKovacs@medstarambulance.org

Medstar Medical Education Center
Attn: Joe Kovacs
380 N. Gratiot
Clinton Twp. MI 48036

Medstar Medical Education Center

In partnership with
Medstar Ambulance



Presents the
Fall 2011
Emergency Medical
Technician Course

Phone: 586.463.5125



EMT Class Overview

This course is a State of Michigan approved EMT program that will allow the student upon successful completion to take the national registry examination written and practical exams. This class will consist of 200 hours of classroom instruction and 70 hours of field internship.

Field clinicals will be conducted at Medstar Ambulance as well as Henry Ford Macomb

Course Textbooks

In this program multiple textbooks are used to provide you with the most current information. The following is a list of the books we use.

Brady – 11th Edition
Emergency Care

Brady- 11th Edition
Emergency Care Workbook

Course Dates/Times

Course start date is October 25, 2011
Program meets every Tuesday and Thursday from 6pm till 10pm every other Saturday from 9am till 5 pm.
Course length is approximately 6 months.

Program Location

Course will be held at Medstar Ambulance, 380 N. Gratiot Clinton Twp. MI 48036

Program Tuition

Full payment prior to the start of class: \$1350

Area governmental agencies please contact for preferred pricing.





Education Program Registration

Student Information

Name: _____ Date of Birth: ____/____/____
Home Address: _____ City, ZIP: _____
Employer: _____ Home Phone: (____)_____
Sponsor Agency: _____ Cell/Other: _____
E-Mail Address: _____ EMS License Number: _____
Emergency Contact Name: _____ Relationship: _____
Emergency Contact Telephone: (____)_____ Second Telephone: (____)_____

Immunization Status: Please check box for all current immunizations or evaluations:

- TB Evaluation (Within past 6 months)
Hepatitis B Vaccine Series* or declination form
MMR (Measles, Mumps, Rubella) Immunity
German Measles Immunity
Positive Hx. Of Chicken Pox (Varicella) or documentation of immunity

*Some vaccinations or proof of immunization may be required to be submitted with this registration. See course descriptions for requirements. Any registrations submitted without required information will be rejected.

Course Information

Course: Winter EMT 2011 Course Number: B 10-2011
Date(s): October 25, 2011 Location: Medstar Main Office
Tuition / Registration Fees: \$1350 Other Fees: _____
Information attached to application: _____

--For Internal Use Only--

Payment Information

Date Application Received: ____/____/____ Received By: _____
Course Verified [] Tuition Verified [] Attached Material Verified []
Tuition Received: \$_____ Other Fees Received: \$_____
Payment Form: (circle) CC PO Cash Check #_____ MSA Education Assistance form attached []
Payment Posted by: _____ Date: ____/____/____ Roster Entry by: _____ Date: ____/____/____
Other Information: _____

COMPLETED FORM MUST BE SUBMITTED OR MAILED TO:

Medstar Ambulance, ATTN: Education Registration, 380 N. Gratiot, Clinton Twp, MI 48036