

REGISTRATION FORM

I would like to register for the following paramedic refresher course (check only one below):

R2017- I

Starts: January 3, 2017
Ends: March 16, 2017
Tuesday & Thursday
6:00 PM – 10:00 PM

R2017- II

Starts: March 14, 2017
Ends: June 15, 2017
Tuesday & Thursday
6:00 PM – 10:00 PM

R2017- III

Starts: June 6, 2017
Ends: August 17, 2017
Tuesday & Thursday
6:00 PM – 10:00 PM

R2017- IV

Starts: September 12, 2017
Ends: December 21, 2017
Tuesday & Thursday
6:00 PM – 10:00 PM

DIRECTORY INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home (_____) _____ Work (_____) _____

Cell (_____) _____ Other (_____) _____

E-mail (required): _____ SS #: ____ - ____ - _____

DOB: ____ / ____ / ____ Male Female Place of Birth: _____

OCCUPATIONAL VERIFICATION

EMT-P #: _____ Expiration Date: _____

Please include a copy of a current or expired New York State EMT-Paramedic card. If you do not have one, please request and complete CAHE's "Eligibility for Participation in a New York State DOH Bureau of EMS Certified Paramedic Refresher Course" form.

Are you a New York Methodist Hospital Paramedic Program graduate? Yes No Year: _____

Ambulance Affiliation? _____

How did you hear about us? _____

PERSONAL INFORMATION

Additional information regarding the course you are registering for may be found on our website www.cahe.edu

I certify that the information contained within this registration form is complete and accurate to the best of my knowledge and belief.

Signature of Registrant

Date

Mail this registration form with either a copy of your current or expired NYS EMT-Paramedic card OR a signed copy of the enclosed eligibility form to:

**New York Methodist Hospital
Center for Allied Health Education
1401 Kings Highway
Brooklyn, NY 11229**

A registration form cannot be processed without receipt of the registration form and a copy of the required documentation as listed above.