

PARAMEDIC REFRESHER REGISTRATION FORM

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

R2018-I

Starts: January 4, 2018
Ends: March 15, 2018
Tuesday & Thursday
6:00 PM – 10:00 PM

R2018- II

Starts: April 2018
Ends: June 2018
Tuesday & Thursday
6:00 PM – 10:00 PM

R2018- III

Starts: June 2018
Ends: August 2018
Tuesday & Thursday
6:00 PM – 10:00 PM

DIRECTORY INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Cell (_____) _____ Other (_____) _____

Email (required): _____ SS #: ____ - ____ - _____

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

PERSONAL INFORMATION

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 sign the enclosed form "Eligibility for Participation in a New York State DOH Bureau of EMS Certified Paramedic Refresher Course"

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

Ambulance Affiliation? _____

How did you hear about us? _____

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:

**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.