

IMPORTANT: Pre-registration, with payment, required **2 weeks before** the program starts.

Description

The EMT is responsible for a wide range of knowledge and skills which includes material originally learned, as well as new information resulting from the constant growth and evolution of the field of emergency medical care. In order to maintain up-to-date proficiency, an EMT must regularly participate in educational programs which review the essential components of the national standard curriculum (NSC) as well as those which provide exposure to new knowledge and skills resulting from advances in emergency medical care.

Students who are EMS-certified and successfully complete the course will receive PA DOH Con-Ed.

EMR 16 hrs Med/Trauma 4 hrs Other

EMT 20 hrs Med/Trauma 4 hrs Other

EMT-P 20 hrs Med/Trauma 4hrs Other

PHRN 20 hrs Med/Trauma 4 hrs Other

Students must attend ALL classes to receive Con-Ed Credits

N17SP (Spring Start) Class Schedule & Site Addresses for EMT Refresher Classes

M = Monday • T = Tuesday • W = Wednesday • R = Thursday • F = Friday • S = Saturday • U = Sunday

| Course Number | Start Date | End Date | Days | Time | Location |
|---------------|------------|------------|------|------------------|---|
| XGC-912-4500 | 05.01.2017 | 05.22.2017 | M/W | 6:30pm – 10:30pm | <p>CCAC – West Hills Center 1000 McKee Road Oakdale, PA 15071 Click here to register online OR Phone-in Registration: 412.788.7546</p> |



If you require special arrangements, contact the nearest CCAC Supportive Services office prior to class:
 Allegheny – 412.237.4612 • Boyce – 724.325.6604 • North – 412.369.3686 • South – 412.469.6207
 TTY – 412.369.4110 & 412.469.6005 • Questions: Office – 412.237.2500 • Email – psi@ccac.edu

Please print. Complete and return this form with payment (if applicable). No further notice will be provided.

| | | | | | | | |
|---|--|--------|-------------|------------------|--|------------------|--|
| Date of Birth (required for enrollment) MM/DD/YYYY: | | | | | | | |
| Last Name: | | | First Name: | | | Middle Initial: | |
| Street Address: | | | | | | Apt: | |
| City: | | State: | | Zip: | | County: | |
| Home Phone: | | | | Alternate Phone: | | | |
| Email Address: | | | | | | New Address (X): | |

Have you ever served in the Military (circle one)? No – Yes (see below)

Are you a dependent of a Veteran (circle one)? No – Yes (see below)

NOTE: If YES to either question, please contact the CCAC Veterans Services Office at 412.237.6503.

Veteran Benefits:

- 35 Dependent
 Chapter 33 Post-9/11 GI Bill
 Veteran not using benefits

Place of Permanent Address (check one)

- Allegheny County (1)
 Out-of-State (5)
 Out-of County

Payment Must Be Enclosed (if applicable)

Print Phone Number on Check or Money Order (Checks Payable to **CCAC**)

Mail To: Workforce Development Division Registration

West Hills Center – Suite N1200

1000 McKee Road

Oakdale, PA 15071-1099

Because CCAC cares about your privacy, we cannot process credit card information by mail.

Please visit **ccac.edu**, any CCAC facility, or call 412.788.7546 to register if you prefer to pay by credit card.

Refund Policy

Students not attending the program (course) must notify CCAC in person, by mail or at 412.788.7546 BEFORE the first class day in order to receive a refund. CCAC will notify registered students in the event that the program (course) is cancelled.

| Semester | Course Number | Course Title | Course Location | Cost (if applicable) |
|----------|---------------|----------------------|---------------------|----------------------|
| N17SP | XGC-912-4500 | EMT Refresher | CCAC-West Hills Ctr | \$125 |
| | | | | \$ |

| | | | |
|---|--|-------------|--|
| Student Signature (Required for enrollment) | | Date | |
| If sponsored, Authorizing Agency & Signature | | Date | |

I agree that once I register I become legally bound by and agree to the terms of the Community College of Allegheny County Student Financial Responsibility Agreement, and as such become responsible for all charges incurred, unless I drop classes during the designated refund period. I understand that the college is extending credit to me and permitting me to register, enroll and attend classes in return for my promise to pay the college all tuition and fees incurred as a result of my registration, and that such extension of credit constitutes an educational loan or education benefit that is non-dischargeable under Section 523 (a)(8) of the United States Bankruptcy Code. I understand that failure to pay my student account or any monies due and owing CCAC may result in a financial hold placed on my account preventing registration for future classes, release of transcripts and diplomas, and additional college services. Additionally I understand that failure to pay my student account or any monies due and owing CCAC will result in a \$15.00 late payment fee assessed to my account for each late payment and may result in my account being referred to a third party collection agency resulting in additional fees. Finally, I understand that all delinquent student accounts may be reported to one or more of the national credit bureaus.

LEVEL OF CERTIFICATION/TRAINING (for Public Safety Institute courses only)

- FRP EMT-P FIRE DISPATCHER
 EMT NURSE POLICE OTHER

| | | | |
|----------------|--|--------------------|--|
| Cert #: | | Expiration: | |
|----------------|--|--------------------|--|



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