

SC 2260308 All students MUST attend the first day of class. No exceptions, no accommodations!

COUNTY OF SUFFOLK, DEPARTMENT OF FIRE, RESCUE & EMERGENCY SERVICES

Emergency Medical Technician – Basic Original Course

LOCATION: Community Ambulance Co., 420 Lakeland Avenue, Sayville, NY 11782 INSTRUCTOR: Patty Manfredonia

DATES: 9/8/26 to 4/15/27 Course End Date

SKILLS FINAL: Approx. Saturday 4/3/27 8:30am Suffolk County EMS Division, Yaphank

DAYS/TIMES: **Tuesdays and Thursdays 7pm to 10pm-11pm**

TUITION FEE: None for EMS Personnel

\$1,050.00 for NON EMS and providers who were previously certified.

ADDITIONAL FEE: \$150.00 (AAOS 13th Edition Textbook and AHA CPR Book)

STUDENTS MUST BE 17 YRS OLD BY THE MONTH OF THE END OF THE COURSE.

This course is intended for students who have never been certified by NYS as an EMT-Basic or higher.

Students must have their own B/P cuff, stethoscope, notepads, and a laptop computer, tablet or smart phone with access to the internet. **** No walk in students will be allowed****

Pre-requisites: FEMA NIMS 100, NIMS 700 and HazMat Awareness – OSHA Compliant minimum 3 hours. (FEMA links will be emailed to students with the confirmation email, if students haven't already taken those classes.) Firefighter 1 AFTER 2003 will count for HazMat Awareness, must show proof. (All HazMat Awareness classes MUST have been taken after 9 11 to count.) Copies of certificates must be handed in to the instructor within the first month of the course.

To reserve seating for this course: **Complete this form, Verification of Membership (DOH-3312)** and submit with check(s)/money order(s) payable to the Suffolk County EMS Division **(please postdate check(s) to the start date of the course)**. Please mail to: Attn: EMT Courses, Suffolk County EMS Division, 360 Yaphank Ave., Suite 1B, Yaphank, NY 11980. Per County Resolution #968-1997, there will be an **additional \$20 fee added to the cost of the course for any checks returned with notice of "insufficient funds."** **NO SEAT WILL BE HELD UNLESS FULL PAYMENT IS RECEIVED.**

Please note: Forms will be returned if **incomplete**, illegible, or if the course is full or canceled. **No seat will be held unless the registration process is complete.** You will receive a confirmation email. Please make sure you include your email address in the box below. If you do not have an email address, please make sure your mailing address is listed on the check. You will receive a confirmation letter in the mail. Enrollment is first come, first serve.

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EMT-Basic Original Course
Community Ambulance Company

CORPS/DEPT: _____

NYS EMS AGENCY CODE #: _____

NAME (print or type)	Email Address
1.	
2.	

This is to certify that the individuals identified above are members of this EMS Agency.

Officer (Print Name) _____ Date _____ Title _____

Signature _____ Phone # (daytime) _____

