

# SC 2260701 All students MUST attend the first day of class. No exceptions, no accommodations!

COUNTY OF SUFFOLK, DEPARTMENT OF FIRE RESCUE AND EMERGENCY SERVICES,  
EMS DIVISION

## Advanced Emergency Medical Technician – Refresher Course

Pending NYS Approval

LOCATION: SC EMS Academy, 360 Yaphank Ave., Auditorium, Yaphank, NY 11980 INSTRUCTOR: Dina Wayrich

DATES: 3/23/2026 to 7/16/2026 (Course End Date)

SKILLS FINAL: Approx. Monday 7/13/2026 5pm Suffolk County EMS Division, Yaphank

DAYS/TIMES: **Mondays, Wednesdays and Thursdays, 6:30pm 9:30pm**

TUITION FEE: NONE for EMS Personnel

ADDITIONAL FEE: \$400.00 (AAOS 4<sup>th</sup> Edition Textbook, AHA CPR Book, FISDAP, equipment/supplies)

**This course is intended for students who have been previously certified by NYS as an AEMT or higher.**

**Students must have their own stethoscope, notepads, and a laptop computer or tablet 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. Enrollment is first come, first serve.

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**Advanced EMT Refresher Course**  
Suffolk County EMS Academy, Yaphank

**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) \_\_\_\_\_

## Verification of Membership in a NYS EMS Agency

Course Number 

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 (Please retain this number for future reference)

**EMS Identification Number (If you have one)**  
Only write your NYS EMS number in this space

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[illegible][illegible]

### Primary EMS Agency

Secondary EMS Agency

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Primary Agency Name

[illegible]

**Primary Agency Captain, Chief, or other agency official signing the affirmation on this form**

**Last Name**

[illegible]

**First Name and M.I.**

[illegible]

**NYS EMS Identification  
Number (If you have one)**

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Official's Agency Title

[illegible]

## Personal Affirmation

**Read Carefully Before Signing**

I, as an official representative of the primary NYS EMS agency listed on this form, affirm that the applicant named on this form is a member of the primary NYS EMS service. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

I, as the applicant, hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as applicant. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

(Agency Official's Signature)

(Date)

**(Applicant's Signature)**

(Date)