BBP SERVICES COURSE 245172

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

Emergency Medical Technician – Basic Refresher Course

LOCATION: Mastic Beach Ambulance Company 343 Main St. Mastic Beach, NY 11951

INSTRUCTOR: Richard A Tvelia Jr. **DATES:** 10/4/2025 - 12/18/25

SKILLS FINAL: <u>12/6/25 9am</u>

DAYS/TIMES: Monday/Wednesday 7pm to 10 pm & Saturdays 9am to 12p & 1p to 4p

FEE: \$200.00 for EMS Personnel (AAOS 12th Edition Textbook and AHA CPR Book)

\$700.00 for Non-EMS/FD Affiliated students

Challenge Practical will be on 10/4/25. Challenge written exam will be 10/8/25 Students will need to meet a minimum of 80% in each section of the written exam in order to be eligible to be exempt from lectures in those topic areas.

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 NIMS 5.A HAZMAT

To reserve seating for this course: Fill out application and send with payment to BBP Services. Online registration and payment availability offered as well. Fill out NYS DOH Form 3312 and hand it in by the second day/night of class.

By mail: Attn: EMT Registration BBP Services P.O. BOX 165 Bellport, NY 11713

Print Name	Email Address
Print Name	Email Address

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Emergency Medical Services

DOH-3312 (5/07)

Verification of Membership in a NYS EMS Agency

Please print legibly in capital letters or type. Put one letter or number in each box. This form must be completed and returned to the Course Sponsor prior to the completion of the course. **Course Number** (Please retain this number for future reference) Check if this application is for: **Original Certification** Recertification (If you are recertifying you must include your NYS EMS I.D. Number) EMS Identification Number (If you have one) Only write your NYS EMS number in this space Applicant's Last Name Applicant's First Name and M.I If you belong to an EMS agency, please indicate the agency code in the box(es) below. **Primary EMS Agency** Secondary EMS Agency **Primary Agency Name** Primary Agency Captain, Chief, or other agency official signing the affirmation on this form Last Name NYS EMS Identification Number (If you have one) First Name and M.I. Official's Agency Title **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)