

BBP SERVICES COURSE 202502

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

Emergency Medical Technician – Basic Original Course

LOCATION: FARMINGVILLE FIRE DEPARTMENT 780 Horseblock Rd Farmingville, NY 11738

INSTRUCTOR: Ryan O'Reilly

DATES: 06/12/25 - 10/16/25

SKILLS FINAL: 9/27/25 9am

DAYS/TIMES: Tuesday/Thursday 7pm to 10/11pm & Saturdays 9am to 4/5p

FEE: \$200.00 for EMS Personnel (AAOS 12th Edition Textbook and AHA CPR Book)
\$1,250.00 for NON EMS and providers who were previously certified.

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 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 _____

Print Name _____ Email Address _____

Print Name _____ Email Address _____

Print Name _____ Email Address _____

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

First Name and M.I.

Official's Agency Title

NYS EMS Identification Number (If you have one)

Personal Affirmation

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.

Read Carefully Before Signing

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)