Emergency Medical Training Center LLC

29045 Airport Dr Romulus #201, MI 48117
(734) 765-7097
Visit us at:
www.EmergencyMedicalTrainingCenter.com

COURSE REGISTRATION (OPTION 1)

Items included: (1) EMTC uniform shirt. *Student must procure BP Cuff & Stethoscope, Black EMS Boots, Black Belt and Navy Blue EMS work pants. Course book **NOT** Included.*

Course Name: **EMT-B**

Course Date: _____

Tuition: $1,525.00

Uniform Shirt: S M L XL XXL XXXL (Circle One)

Deposit (Due Upon Registration): $300.00

Total Due By Course End Date: $1,225.00 (4 Monthly Payments of $306.25)

Name: _____ DOB: _____

Address: _____

City: _____ ST: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Current EMS License Level: _____ How did you hear about us? _____

Emergency Contact: _____ Phone #: _____

Do you have any special needs that require accommodations under the American with Disabilities Act? **Yes / No**

If yes, please explain: _____

Payment/Refund Policy – The tuition and fees paid by the applicant/student shall be refunded if the applicant adheres to the following: If an accepted student enrolls into a course, any tuition and/or fees paid by the applicant/ student shall be refunded if officially requested in writing within (3) days of enrollment. After 3 days have elapsed from enrollment, all monies given to EMTC will be fully retained with no refund given. If the course itself begins before this (3) day period has lapsed, this policy no longer applies, I.E, no refunds shall be given after a course begins. If any student supplies were ordered by EMTC, any/all cost(s) will be retained via the student deposit. Seats shall be reserved on a first-come first-serve basis.

Student Affirmations: I certify that the information provided in this application is true and complete to the best of my knowledge. I also agree to all terms and conditions of this registration form. I authorize the Emergency Medical Training Center to verify any and all information as may be necessary for admission to the above program. I understand that upon successful completion of the educational program, I will become eligible to participate in the appropriate State of Michigan and/or National Registry of EMT's examinations (if applicable). For the safety and comfort of all concerned, I acknowledge that I may be removed from any program, without refund, for conduct that violates any law, either criminal or civil, and I shall conduct myself in an appropriate and professional manner at all times. I also certify that if I am removed from the program for any policy violation or if I willingly drop the program, that I am still responsible for paying the full tuition of the course and any fees that i incurred. With failure to comply, I understand that EMTC will/ may take legal action against me to procure any remaining cost/fees associated.

Applicant Signature: _____ Date: _____

(Unsigned applications will not be processed)

Revised and effective as of 9/3/2025