**EMT-B COURSE REGISTRATION FORM (Option1)**

**(Uniform Shirt/ID Badge/BLS Cert /Background Check Included)**

Course Name: **EMT-B**

Course Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Fee: $\_\_\_\_25.00\_\_\_\_\_\_

Deposit (Due Upon Enrollment): $\_\_\_\_300.00\_\_\_\_\_

Uniform Shirt Size: S M L XL XXL XXXL (Student responsible for purchase of remaining attire)

Remaining Tuition Cost After Deposit (If Paying In Full Before Class Starts): $\_\_\_\_1,125.00\_\_\_\_

Remaining Tuition Cost After Deposit (Payment Plan Option): $\_\_\_\_1,225.00\_\_\_\_

Total Tuition Cost (Paying in Full): $\_\_\_\_1,425.00\_\_\_\_

Total Tuition Cost (Payment Plan Option): $\_\_\_\_1,525.00\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Payment/Refund Policy –** The tuition and fees paid by the applicant/student shall be refunded if the applicant is rejected by E.M.T.C. before enrollment. An application fee of not more than $25.00 may be retained by E.M.T.C. if the application is denied. All tuition and fees paid by the applicant/student shall be refunded if officially requested in writing 3 business days after signing a contract with E.M.T.C. This policy shall adhere to the refund policies of applicable state, federal and accrediting agencies. After 3 business days have elapsed, only a 50% refund shall be given upon written request by the student/applicant. If student supplies were ordered, these fees will also be retained. **No refunds shall be given after courses begin.** No refunds shall be given for the purchase of uniforms, ID Badge, E.M.T.C. apparel, or any equipment purchased unless those equipment items are defective. If the equipment is found to be defective, said equipment will be replaced. Textbooks shall only be refunded if returned unopened (remain in plastic). All refunds shall be returned within 30 days of receipt of refund request. Seats shall be reserved on a first-come first-serve basis.  **The following policy only applies to VA students that qualify and are using VA benefits for tuition payments at EMTC –** If a student fails to enter a course or withdraws, or is discontinued from there at any time prior to completion, the amount charged will be an approximate pro-rata portion of the total charges for tuition, registration fee less $10, and other charges that the length of the completed portion of the course bears to its total length. |

**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 8/16/2018