

MA State Accredited

MECTA at the
SHREWSBURY SCHOOL DEPARTMENT

99 South Main Street Millbury, MA 01527
(508 865-9710)

Office use only
Payment Received ____/____/____
Payment Amount \$ _____
Balance Due \$ _____

**Massachusetts Emergency Medical Technician Application Form
September 2009 EMT- B**

**** Limited Enrollment, Applications Accepted on a First Come First Serves Basis**

To reserve a place in the class, please return this form and the correct **Non-refundable*** deposit
(Bank Issued Check, PayPal™, or Money Order only, Personal Checks are not accepted).

Cost: \$595.00* (full tuition)
Deposit: \$300.00 (deposit)
Payable to: Shrewsbury School Department c/o MECTA, at the above address.
Deposit will be applied to the cost of the course.

Full tuition is due by the first night of the course*

Name _____ M ____ F ____ Soc. Sec # _____

Address _____ City/Town _____ State _____, Zip _____

Physical Address

Phone # (day) ____ - ____ (evening) ____ - ____ (cell) ____ - ____

(Email) _____ @ _____ **Repeat Email** _____ @ _____

DOB ____ / ____ / ____

I understand that the information furnished to the **Shrewsbury School Department** and the **Massachusetts Emergency Care Training Ag/Academy (MECTA)** will be kept confidential and I hereby attest that the information supplied on this application form is complete and accurate. Failure to meet all requirements set forth by MECTA and the Commonwealth of Massachusetts Office of Emergency Medical Services could result in the postponement of your state exam.

Signature of applicant _____ Date ____/____/____

Cost: \$595.00*
Registration deadline: September 6, 2009
Starting Date: September 15, 2009
Ending Date: Approx. December 18, 2009
Evenings held: Tuesdays / Thursdays Evenings*
Time: 6:30 PM - 10:00 PM
Location: Sherwood Middle School (Formally – Shrewsbury Middle School), Sherwood Ave., Shrewsbury (behind the Oak Middle School)

A course syllabus will be given to you on the first evening of class. In case of inclement weather causing the cancellation of classes, the following radio stations will give cancellations for the Shrewsbury Public Schools: WTAG-- AM 580, WSRS - FM 96, WBZ- AM 1030, WXLO - FM 104.5. If classes were to be canceled later in the day, go to www.mecta.com. The cancellation will be posted after 4 PM.

Please read, sign, and return the attached registration requirements.

** As of June, 2005 the Office of Emergency Medical Services has required all EMT training facilities in MA to become an accredited institution. Within the accreditation process the training institution will manage the final exam procedures for the practical exam. This process will subsequently cause the student to pay examination and licensure fees to the Academy versus the Commonwealth. Exam fees are due **5 weeks after the beginning** of the course and are non-refundable.*

EMERGENCY MEDICAL TECHNICIAN

Intern Registration Requirements / Reminder

Please be sure all of the following requirements are met to assure registration for the FALL 2009 EMT course.

1. Completed registration form.
2. Payment for course (deposit or full tuition) mailed to **MECTA** (address below).
3. Payment for text(s) paid to the instructor. Texts will be available the first night of class.

Withdrawal Policy

- **Withdrawal or cancellation of registration prior to last date of registration: Full refund minus the \$50.00 non-refundable application processing fee.**
- **No reimbursements will be issued thereafter.**

*Special Note:

**CPR is a state mandated course prerequisite. Most EMT Interns do not have a current Healthcare Provider CPR card issued within 6 months of the start date of this course. In efforts to accommodate you, the Intern, and the state mandate, we will offer a CPR course on TBD @ 6 pm in Shrewsbury.*

This course is available for an additional fee of 95.00 and includes the following:

- *AHA Healthcare Provider textbook*
 - *AHA Student CD*
- *Professional CPR mask in a hard case*
- *Individual CPR manikin (new)*
- *Professional instruction*
- *American Heart Association HCP Certification card valid for 2 years*

***Any student that has an approved CPR card must provide a copy of said card the **first night** of class and take the BLS exam during the second week of class. Should you not be able to pass the exam, you will be required to take an approved CPR course with-in one week of the beginning of class (no exceptions, state requirement).*

I have read and understand the above registration requirements and withdrawal policy.

Student Signature: _____ **Date** ___/___/___

RETURN the Following:

1. This form signed and dated by the applicant
2. The completed EMT Application form
3. Certified bank issued check, PayPal, or money order (no personal checks accepted)

**MAIL TO: Shrewsbury School Department c/o MECTA
99 South Main Street
Millbury, MA 01527**