



BERGEN COUNTY EMS TRAINING CENTER
 EAST 281 PASCACK ROAD, PARAMUS, N.J. 07652 201-343-3407
<http://www.BergenEMS.org>

RESCUE Recertification

Recertification for Heavy Rescue Program - 40 Hours, Limit: 40 Students

Fee: \$45.00 (Non-Bergen County Residents add \$25.00 Per Semester Out Of County Fee)

Tuesdays & Thursdays - 7:00 to 10:00 p.m. and two Saturdays - 8:00 a.m. to 4:00 p.m.

Course Starts: Thurs., March 11, 2010 at 7:00 p.m. Course Completion: May 27, 2010

This course is designed to provide the necessary refresher training to bring the students up-to-date with the Maryland Fire and Rescue Institute program. Topics to be covered include maintenance of tools, apparatus, hardware and ropes/rigging/mechanical advantage systems. Additionally, specialty rescue areas such as vehicle extrication, trench, water rescue and SCBA update. Approved for 24 EMT-B Elective CEU's. Students must supply NFPA approved fire fighting gear. Students must be 18 years of age at the start of the course and attend all classes as there are no exemptions.

Course is available to students that have previously completed the Heavy Rescue Program at the Bergen County EMS Training Center. Pre-registration is requested.



MAIL ONLY THIS SECTION TO

Bergen County EMS Training Center, East 281 Pascack Road, Paramus, N.J. 07652
 (201) 343-3407 Copies of this form will be accepted.

- Complete Rescue Technician Recertification Course, Starting March 11, 2010, **Enclose \$45.00**
- *Non-Bergen County Residents: **Enclose additional \$25.00** Per Semester Out of County Fee paid once for all courses taken between 01/01/2010 and 06/30/2010.

Heavy Rescue Course Taken: _____
Books are not included - they may be purchased at the EMS Training Center

Course Fee: No tuition or out of county fee for current EMTs who are members of Volunteer First Aid Squads. EMT's must submit a separate, signed EMT CEU Certificate of Eligibility Form for **each** course selected on this application. Otherwise enclose indicated tuition and out of county fees.

Last Name _____ First _____ M.I. _____
 Address _____ Town _____
 Zip Code _____ County * _____
 Home Phone () _____ Business Phone () _____
 Date of Birth _____ Soc. Sec. # _____
 Your e-mail address _____ Affiliation _____

Rescue Recert Spring 2010

OFFICE USE ONLY	
Books	\$ _____
Tuition Fee	\$ _____
Out of County Fee	\$ _____
Total Fee	\$ _____
Date	Rec'd By
Paid Cash	<input type="checkbox"/> Comp. Check <input type="checkbox"/>
Voucher	<input type="checkbox"/> Pers. Check <input type="checkbox"/>
Check No.	

U.S. CITIZENS OR PERMANENT RESIDENTS ONLY. PLEASE CHECK ONE OF THE FOLLOWING (THIS SECTION IS OPTIONAL):

<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanics (Please specify one)	<input type="checkbox"/> Native American Indian
<input type="checkbox"/> Black	<input type="checkbox"/> Cuban	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> All Other	<input type="checkbox"/> All other Spanish Surnamed American	
<input type="checkbox"/> Caucasian-White	<input type="checkbox"/> Mexican/Chicano	

MALE FEMALE

Make checks payable to Bergen County Technical Schools.
Note: With this application you are registered. Unless notified to the contrary, please report to your first scheduled class.
Refunds must be requested in writing within 2 weeks after the start of the class. NO refunds will be given to students who have attended 1 or more class sessions.