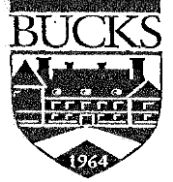




**BUCKS COUNTY  
EMERGENCY HEALTH SERVICES  
BUCKS COUNTY COMMUNITY COLLEGE  
911 Freedom Way, Ivyland, PA 18974  
(215) 215-340-8735 Fax (215) 957-0765**



email: [mlrymdeika@co.bucks.pa.us](mailto:mlrymdeika@co.bucks.pa.us)

website: [www.bcehs.com](http://www.bcehs.com)

# **EMT COURSE**

**CLASS BEGINS:** Tuesday, September 14, 2010      **CLASS ENDS:** Tuesday, December 7, 2010  
**CLASS MEETS:** Tuesdays and Thursdays – 7:00 pm – 11:00 pm, Monday, December 6 **AND**  
Saturdays – September 25<sup>th</sup>, October 9<sup>th</sup>, October 23<sup>rd</sup>, November 13<sup>th</sup>, and December 4<sup>th</sup> - 8:00 am – 5:00 pm

**LOCATION:** Warminster Ambulance, 555 Evergreen Avenue, Warminster, PA 18974

**COST:** \$250.00 – includes EMT textbook and EMT workbook – this is the course fee regardless if you already have the books. Checks/money orders made payable to County of Bucks – spots will NOT be held while waiting for payment. Payment is not deposited until acceptance is confirmed.

**ATTENDANCE REQUIREMENT:** Students are permitted to miss only 12 hours of class

**MATERIALS NEEDED FOR CLASS – TO BE PURCHASED BY STUDENT:**

Blood Pressure Cuff, Stethoscope, Pocket Mask, Penlight, and watch with second hand or digital watch

**PREREQUISITES:** 1) Must be 16 years of age prior to enrolling in the course. Anyone under 18 or in high school must submit the Parental Consent Form with the Pre-Enrollment Form (form can be found on our website). 2) Healthcare Provider/Professional Rescuer CPR – see our website for PA approved CPR courses for pre-hospital providers

**COURSE INFORMATION:**

\* Class size is limited, but must have a minimum of 15 students.

\* Bucks County organizations have priority first, then Bucks County residents, followed by out-of-County organizations and then out-of-County residents.

\* If you are not being sponsored by an organization, you must submit proof of health insurance (copy of card) WITH the pre-enrollment form.

\* If you are affiliated with an organization, you must list this on your pre-enrollment form and it must be signed by the chief of the organization. If you are in the process of becoming affiliated with an organization, you must be affiliated BEFORE the registration deadline and your form must be signed by the chief of the organization BEFORE the registration deadline; otherwise, you will have to submit a copy of your insurance card.

**SPOTS WILL NOT BE HELD WHILE WAITING FOR ALL REQUIREMENTS, INCLUDING PAYMENT.**

**A COMPLETED APPLICATION INCLUDES:**

1. Completed Pre-Enrollment Form – current form dated 10/09 – 2 pages
2. Copy of Healthcare Provider/Professional Rescuer CPR card
3. Payment – either check/money order made payable to County of Bucks or letter on organization letterhead saying they will be paying the course fee. Faxed applications will not be accepted to hold a spot while waiting for payment. Refunds are only given if student withdraws before the course begins.
4. Organization Supervisor Signature or copy of Health Insurance Card.
5. Copy of Social Security Card
6. Parental Consent Form – if under 18 or in high school

\*You may send an email to Michele at [mlrymdeika@co.bucks.pa.us](mailto:mlrymdeika@co.bucks.pa.us) inquiring if your registration has been received, but confirmation **will not** be given prior to the registration deadline. We are not responsible for applications that we did not receive.

**Completed applications are due in the EMS Office  
by FRIDAY, AUGUST 6, 2010, 5:00 pm.  
Letters of acceptance/denial will be mailed August 13, 2010**