

MA State Accredited

MECTA ACADEMY at the
SHREWSBURY SCHOOL DEPARTMENT

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

| | |
|-------------------|--|
| Office use only | |
| Payment Received | ____/____/____ |
| Payment Amount \$ | _____ |
| Balance Due \$ | _____ |
| CPR Course – PD | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Massachusetts Emergency Medical Technician Application Form
January 2012 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
Personal Checks are not accepted; Bank Issued Check, PayPal™, or Money Order only,

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

Tuition balance 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: January 13, 2012
Starting Date: January 17, 2012
Ending Date: Approx. May 08, 2012
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.
If classes were to be canceled, go to www.mecta.com. The cancellation will be posted after 4 PM.

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

** Additional classes may be needed to acquire mastery of skills, please see the Instructor for details*

** As of June, 2005 the Office of Emergency Medical Services has required all EMT training facilities in MA to become an accredited institution. With-in 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 verses 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 SPRING 2012 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 \$100.00 non-refundable application processing fee.**
- **No reimbursements will be issued thereafter.**
- **PayPal fees are non-refundable.**

*Special Note:

CPR is a state mandated course prerequisite. Most EMT Interns do not have a current American Heart Association 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 (Usually the second week of class).*

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

- *AHA Healthcare Provider textbook*
- *Professional CPR mask in a hard case*
- *Your Own 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: MECTA ACADEMY
99 South Main Street
Millbury, MA 01527**