

MA Accredited  
NREMT Approved

**MECTA Academy®**  
99 South Main Street Millbury, MA 01527  
(508 865-9710) www.mecta.com

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  
September 2019, NREMT & MA EMT- B**

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

To reserve a place in the class, please **MAIL this form** and the correct **Non-refundable\*** deposit.

**Personal Checks are not accepted; Bank Issued Check, Credit Card, PayPal™, or Money Order only,**

**Cost: \$595.00\* (full tuition)**  
**Deposit: \$300.00 (deposit)**  
**Payable to: MECTA, at the above mailing 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 \_\_\_ Last 4 of Soc. Sec # \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_, Zip \_\_\_\_\_

Phone # (day) \_\_\_\_\_ - \_\_\_\_\_ (evening) \_\_\_\_\_ - \_\_\_\_\_ (cell) \_\_\_\_\_ - \_\_\_\_\_

(Email) \_\_\_\_\_ @ \_\_\_\_\_ Repeat Email \_\_\_\_\_ @ \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PRINT Clearly

I understand that the information furnished to the **Massachusetts Emergency Care Training 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, 2019 *or when course is full*  
Starting Date: September 17, 2019\*  
Ending Date: Approx. December 18, 2019\*  
Evenings held: Tuesdays/Thursdays, Evenings\*  
Time: 6:30 PM - 10:00 PM  
Location: Shrewsbury Location - TBA

A course syllabus will be given to you on the first evening of class.  
If classes were to be canceled, go to the pre-designated course website. Any 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*

*\* All students are required to have their respective textbook (available the first night of class from the instructor) by the second week of class. Downloaded media versions are not recommended or acceptable at this time.*

*\* The Academy may extend the course completion dates due to unforeseeable delays due to weather and or student needs.*

# EMERGENCY MEDICAL TECHNICIAN

## EMT Intern Registration Requirements / Reminders

Please be sure all of the following requirements are met to assure registration for the fall 2019 EMT course.

1. Completed registration form.
2. Payment for course (deposit or full tuition) **mailed** to **MECTA** (address below). (Postal date used to assure students fairness regarding seat reservation for first come first serve accuracy)
3. Payment for text(s) paid to the instructor. Preordered supplies and 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. Refunds are issued within 30 days of withdrawal.**
- **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 or Heartcode 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 150.00 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, credit card, PayPal or money order mailed to the address below (no personal/hand written checks accepted)

**MAIL TO: MECTA ACADEMY  
99 South Main Street  
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