	1 of 2
Office use only	
Payment Received / /	
Payment Amount \$	
Balance Due \$	
CPR Course – PD Yes No	

MA Accredited NREMT Approved

MECTA Academy®

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

Massachusetts Emergency Medical Technician Application
October 2023, NREMT & MA EMT- B

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

To reserve a place in the class, please <u>MAIL</u> this form and the correct Non-refundable* deposit. Personal Checks are not accepted; Bank Issued Check, Credit Card, PayPal™, or Money Order only,

Cost:\$695.00* (full tuition)Deposit:\$350.00 (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	c. Sec # _	
Address		City/Town	Sta	ate	- , Zip
Phone # (day)	Physical Address	(evening)	(cell)		
(Email)	@	Repeat Email	@		
DOB /	PRINT (_/	Clearly			
be kept confidentia Failure to meet all	al and I hereby attest th requirements set forth	ed to the Massachusetts Er nat the information supplied by MECTA and the Commo conement of your state exar	on this application form onwealth of Massachus	n is comple	ete and accurate.
Signature of applic	cant		[Date	_//

Cost: Registration deadline:	\$695.00* October 09, 2023, or when course is full.
Starting Date:	October 23, 2023*
Ending Date:	Approx. January 2024*
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 form 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 2023 EMT course.

- 1. Completed registration form.
- 2. Payment for course (deposit or full tuition) <u>mailed</u> to **MECTA** (address below). (Postal date used to assure students fairness regarding seat reservation for 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 nonrefundable application processing fee. Refunds are issued within 30 days of withdrawal.
- No reimbursements will be issued thereafter.
- PayPal fees are non-refundable.

*Special Note:

<u>*CPR is a state mandated course prerequisite.</u> 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 Millbury, MA 01527