



Reason for taking this EMT refresher:

- ☐ Renewing a current, valid EMT certification (renewal)
- ☐ Reactivation of an expired EMT certification (re-entry)
- ☐ Training in connection with EMT exam challenge (reciprocity)
- ☐ Prerequisite to retake the EMT exam after initial training (remediation)

Required attachments:

- ☐ Payment, credit card info, or EMS Education Waiver Application

Registration acknowledgement by: ☐ E-mail or ☐ Telephone

Course Materials Delivery:

- ☐ Pick-up M-F 8:30 a.m.-5:00 p.m. at RWJUH EMS Education, 126 Paterson Street in New Brunswick (Recommended if registering within 2 weeks of course.)
- ☐ U.S. mail to registration address. (This may take 10 days to 2 weeks.)
- ☐ Interoffice/intercampus to RWJUH or UMDNJ unit/department:

Cancellation Policy: If RECEIVED less than ten BUSINESS DAYS before the course--NO REFUND. If RECEIVED 10 or more business days before the course--full refund if the issued material(s) are returned in brand new condition prior to the start of the course.

I checked that the above information is correct, understand and acknowledge the cancellation policy, and will bring a current textbook to class. Register me.

SIGN HERE ►

Office Use Only: Acknowledged ☐ in person by ☐ phone ☐ e-mail.

Student ☐ absent ☐ incomplete ☐ cancelled on _____ ☐ verbally ☐ in writing.

[] CC Billed [] CC Rejected [] EW attached [] EW billed [] Invoiced [] Training Fund billed
DATE RECEIVED (Form saved 2/7/14, printed 2/7/14)

Forms that are incomplete or without payment will not be processed.

Name (Please print clearly.)

[illegible]

E-mail address (This is our default written communication.)

[illegible]

Address			
Day phone		Cell phone	
Eve phone		EMS ID#	

Circle your healthcare professional role/level:

MD/DO	DDS/DMD	PA	APN	RN	LPN	RespTx	PhysTx	MedStudent	Paramedic	EMT
FR/FF/PD	ATC	Pharm	CCT	Other						

New Brunswick healthcare campus affiliation, if applicable:

[] RWJUH [] UMDNJ-RWJMS Unit/Department	
---	--

Check, if appropriate: ☐ Resident ☐ Fellow ☐ Faculty ☐ MedStudent

PAYMENTS: Tuition \$40.00

CHECK OR MONEY ORDER payable to Robert Wood Johnson University Hospital
\$

CREDIT CARD	Circle one: AmericanExpress MasterCard Visa Discover		
Cardholder's Name	[] Same as above		
Cardholder's Address	[] Same as above		
Card Number			
Expiration Date		CVV or Security code	

Please read and sign below this statement: I agree to pay the total amount noted above per the card issuer agreement.

Cardholder Signature _____