

INSTRUCTIONS FOR COURSE ENROLLMENT

Students who wish to enroll in this Program may do so by following these simple steps:

- Print and complete the attached Course Application
- Mail the completed Course Application along with a form of payment (when necessary) to the following address:

Northwell Health
Emergency Medical Institute
1979 Marcus Avenue, Suite 101
Lake Success, NY 11042

- Seating is limited for all Emergency Medical Institute Courses.
- All courses are filled on a first-come/first served-basis, and fill quickly.
- Members of approved New York State EMS Agencies will be provided with a form on the first night of class that when completed will pardon them from course tuition.
- Once a course has been filled, registration will close, and the registration option will be removed from our website.
- Applicants received beyond the close of registration will be contacted by our Staff and be offered either a spot on our stand-by list, a seat in our next available course, or have their payment returned to them.
- Applicants are not ensured a seat in any course until they receive a course confirmation e-mail from the Emergency Medical Institute.
- Applications must be accompanied with a payment in full. Applications that do not include a payment (when required) will be rejected.

CREDIT CARD AUTHORIZATION FORM

Payment is for (student's name): _____

Name that Appears on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

I authorize the Northwell Health Center for Learning & Innovation to charge the above card for a tuition payment in full in the amount of \$850.00.

Authorized Signature: _____

Date: _____



Emergency Medical Technician - Original/Accelerated
Emergency Medical Institute
Monday through Thursday Evenings #149119
Student Application

Please PRINT Legibly

Last Name: First Name: MI:

Street Address: Apt. #

City: State: Zip:

Home Phone: Cell Phone:

E-Mail Address:

DOB: Social Security #: XXX - XX -

Applicants must be 18 years of age or older, and/or have completed high school or equivalent.

Please check the one box that applies to you:

- I am a member of a New York State EMS Providing Agency...
I am NOT a member of a New York State EMS Providing Agency...
I am NOT a member of a New York State EMS Providing Agency...

I have read and understand the Northwell Health Emergency Medical Institute policies as they pertain to course enrollment, tuition refunds, & course requirements and are requesting a seat in the above course.

Applicant's Signature: Date:

For Office Use Only

Table with 4 columns: Date Received, Received by, Payment Processed, Entered