

PLEASE READ:

REQUEST FOR EMERGENCY MEDICAL SERVICES TRAINING

<u>PLEASE PRINT CLEARLY.</u> To reserve a seat, complete and return form by Fax: 585.753.3777, Mail: Attn. EMS Information, E-mail (SUE) <u>SMorono@monroecc.edu</u> or (LAURI) <u>LRuiz9@monroecc.edu</u>.

For more information, call 585.753.3711/ 585.753.3716

Name:		_		
MCC Student ID # or Last Digits	Four of Soc. Sec. #:			
Permanent Address:				
City:	State:	UNITE	Zip:	
Daytime Phone:	SOE COM	COLL		
E-Mail:	PS	TR		
Birth Date:	PIJE		EX.	
Course Reference Number (CRN	TRAI	ETY NING	LS H	
Course Name:	PACE PACE	LITY (2001)	3/	
Course Location:	MONROE	CITYOF		
Agency Affiliation (if applicable	e):			
Signature & Date:				

Tuition support from NYS/EMS can only be provided for active members of EMS agencies which have a PCR agency code and participate in the PCR system. Students who are not affiliated with an EMS agency by the start date of the class are NOT eligible for tuition support from NYS/EMS. State funding is contingent upon continued availability of funds.

Tuition support will only be provided for students who pass the State (re) certification exam when taken on the scheduled test date for the course which he/she is registered. A student who fails or does not test on the original scheduled date will receive a tuition bill issued by the MCC Bursar's Office and is obligated to pay the tuition. A reimbursement from the Student Accounts Office will be issued when (re)certification is obtained within one year of the original test date.

OFFICIAL USE ONLY:								
P CODE/Contract	Email Conf	HP_	Bill/Schd _	_ AFF _	AGY_			