



ORANGE COUNTY
DEPARTMENT OF EMERGENCY SERVICES
DIVISION OF EMERGENCY MEDICAL SERVICES



EMS Course Application

Steven M. Neuhaus

County Executive

Brendan R. Casey

Commissioner

Course Type: <input type="checkbox"/> EMT-B Original <input type="checkbox"/> EMT-B Refresher <input type="checkbox"/> Certified First Responder

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (____) _____ - _____ Home Cell

DOB (MM/DD/YYYY) _____

T-Shirt Size: M L XL 2XL (Original Class only)

Email Address: _____ @ _____

Agency Affiliation: _____ EMS Agency Code:

Agency Contact Name: _____ Phone # (____) _____

All application must be submitted with a separate \$50.00 non-refundable check or money order payable to the **Orange County Commissioner of Finance**. Upon receipt of registration fee a confirmation email will be sent to the applicant.

Tuition is due in full no later than the first day of class by check or money order payable to the **Orange County Commissioner of Finance**.

- EMT Original \$750.00
- EMT Refresher \$335.00 (Current EMT certification must accompany the refresher application)

Applications with registration fee are to be mailed to:

Siobhan Griffin
 EMS Education Coordinator
 Orange County Dept. of Emergency Services
 22 Wells Farm Road
 Goshen, NY 10924
 For further information call 845 615 0466
 Or e-mail sgriffin@orangecountygov.com

Office Use Only	
Rec	Date:
R fee:	
T fee:	
By:	