



EMERGENCY MEDICAL TECHNICIAN PROGRAM APPLICATION

Instructions: Please print legibly in black or blue ink only. Return with your check or money order (no cash) a non-refundable fee in the amount of **\$850.00** made payable to: **PRIDESTar EMS**.

Mail to: PRIDESTar EMS EMT Program, ATTN: David Green, 229 Stedman Street, Lowell, MA 01851

Section 1: PERSONAL INFORMATION

First Name	M.I.	Last Name (Leave a space between information)
Mailing Address		
City	State	Zip Code Last 4 SSN
Home Phone	Cell Phone	
E-Mail Address		

Section 2: AFFIRMATION

I certify that the information provided is accurate and complete. I also accept and agree to abide by all rules, regulations, and policies set forth by PRIDESTar EMS, the Commonwealth of Massachusetts Office of Emergency Medical Services and the National Registry of Emergency Medical Technicians while enrolled in the EMT program. I understand that falsification of information or documentation will result in my dismissal from the program applied for or enrolled in. I also attest that I have read in its entirety and clearly understand that my signature below verifies that I will meet all program requirements and financial obligations without exception.

Student Signature: _____ Date: _____



Section 3: PROGRAM FEE

Total program cost:	\$1700.00
Amount to be submitted with application:	\$850.00
Amount to be submitted on or before 8 th class:	\$850.00

PRIDESTar EMS prefers that your tuition be paid in full prior to the first class. However, the total course fee is due no later than the completion of the 8th class.

The initial deposit must accompany the application when applying for admission to the program.

Seats for the program are filled in the order applications and initial deposits are received. It is strongly recommended that the application and required \$800.00 deposit be submitted in a timely manner to ensure your seat in the program.

What is included in the total program cost:

- ✓ All required textbooks and workbook
- ✓ AHA BLS PROVIDER CPR course, BLS Provider manual and certification Ecard.
- ✓ Access to the Limmer on-line apps

Fees the student is responsible for:

- Application Fee of \$150.00 payable to the Commonwealth of Massachusetts via debit/credit card through the Massachusetts EMS E-Licensing Website. **NOTE: YOU MUST BE 18 YEARS OLD TO TAKE THE NREMT/MA EMT CERTIFICATION EXAM**
- Site Testing fee of \$175.00 payable to the Exam Administrator on the day/night of Class Number 28.
- Written Exam Fee of \$98.00 payable to the NREMT upon the scheduling of the written exam.

ANY RETURNED CHECK IS SUBJECT TO A \$50.00 FEE WITHOUT EXCEPTION



Section 4: REFUND POLICY

The initial \$850.00 deposit is required by the first class and is not refundable after the first class. Additional options for course payment can be discussed on a case-by-case basis. However, a payment plan does not waive your financial responsibility should you withdraw from the program.

As a student you are eligible to receive a refund of the \$425.00 initial deposit based on the following criteria:

- 50% refund of any money paid up to the date of the first class.
- 50% refund of the deposit and 100% of any additional money paid the first week of class.
- **NO REFUNDS WILL BE ISSUED AFTER THE COMPLETION OF THE FIRST WEEK OF CLASSES**

Section 5: PAYMENT PLAN AGREEMENT

PRIDESTar EMS offers a payment plan as a courtesy to its students. Any student who is approved for the payment plan who either withdraws for any reason or is removed from the program for just cause is responsible for the entire remaining balance immediately. Students using a third party (employer, municipality, or VA) for payment is solely responsible if said third party fails to pay as agreed. By enrolling in the payment plan through PRIDESTar EMS you agree to the following:

- 1) A \$850.00 initial deposit must accompany your application.
- 2) A \$850.00 payment on or before the 8th class
- 3) A late payment fee of \$25.00 will be assessed each time the student fails to make a scheduled payment.
- 4) If payments are not satisfied in full, you agree to pay PRIDESTar EMS any cost incurred in the effort to collect all monies owed including but not limited to bank fees, attorney's fees, court costs, and all other associated costs regarding this financial obligation.
- 5) Upon completion of the program if any money is outstanding it is understood that you have not successfully completed the program and your application for state examination will not be submitted.
- 6) Any change in the terms above must be submitted in writing to be reviewed by David Green, Program Director at PRIDESTar EMS. PRIDESTar EMS reserves the right to strictly enforce this agreement without deviation or alteration.



Section 6: WITHDRAWAL FROM THE PROGRAM

Withdrawal from the program **MUST** be done in writing via certified /return receipt requested mail sent to PRIDeStar EMS EMT Program, Attn: David Green, 229 Stedman Street, Lowell, MA 01851. No other means of withdrawing will be acknowledged. **Absenteeism** will not constitute your withdrawal from the program and NO exceptions to this section are allowed under any circumstance.

Section 7: SUMMARIZING THE APPLICATION PROCESS

In order to be considered for enrollment to the program and your seat secured all the following criteria must be satisfied:

- ✓ Page 1, Sections 1 and 2 thoroughly and legibly completed and signed
- ✓ Return page 1 with Cash, a Check or Money Order made payable to: PRIDeStar EMS for \$800.00 U.S. dollars

It is YOUR responsibility to carefully read and understand all sections of the application and return the application with payment. If any questions arise contact us at (978) 349-3206.

When your application is received and processed you will be contacted via email or phone confirming your acceptance into the program requested. You will not be contacted again before class begins.

The first day/night of class it is expected that you will arrive a minimum of thirty minutes prior to the start of class. If any payment is due, it is recommended that you arrive forty-five minutes early.

The first day/night of class policies and procedures will be reviewed, books handed out, and other administrative requirements will be discussed.

<u>OFFICE USE ONLY</u>	
DATE RECEIVED:	_____
DEPOSIT RECEIVED:	Y OR N
START DATE:	/ /
	DAY / NIGHT