

KB TRAINING CENTER



EMT/EMR RECERT

Tuesday's and Thursday's (1800-2200)

August 16, 18, 23, 25

Saturday's (0800-1600)

August 20, 27

**KB AMBULANCE CORP.
294 WESTCOTT ROAD
DANIELSON, CT. 06239**

REGISTRATION

Student Name: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Telephone: Day: _____ Evening: _____

Cell: _____ E-mail: _____

Fire/Ambulance Department Name: _____

Fire/Ambulance Department Mailing Address: _____

Course Fee: \$175.00 **Expiration Date:** _____

Payment/Checks should be made to: KB Ambulance Corps, Inc.

P.O. Box 209

Danielson, CT 06239

Contact Eric Ducat for more information or with any questions

Cell: 860-208-2218 Email: eric.ducat@hotmail.com

**ALL STUDENTS ARE REQUIRED TO PROVIDE CERTIFICATION IN
NIMS ICS 100 & 700 BY THE END OF CLASS**