

EMT & EMR Refresher

Presented at

**KB Ambulance Corps
294 Westcott Road
Danielson, CT 06239**

DATES

Saturdays and Sundays
January 30, 31, February 6, 7
09:00-17:00 hours

REGISTRATION

Student Name: _____

Address: _____

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

Telephone: Day: _____ Evening: _____

Cell: _____ E-mail: _____

Fire/Ambulance Department and Mailing Address: _____

Certification Level: EMT EMR Expiration Date: _____

Course Fee: \$175.00

Payment/Checks should be made to: KB Ambulance Corps, Inc.
PO 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 copies of your
Certification in NIMS 100 & 700 by the end of class to test.**