

# E.M.T.C

## 2017-01 EMT Class

**Location:**

Snohomish County First District #26  
Station 54 (Gold Bar)

**Dates:**

February 1<sup>st</sup>, 2017 - May 6<sup>th</sup>, 2017

**Lead Instructor:**

Gary Lingel EMT-P, SEI

**Days/Times:**

Monday & Wednesday Nights: 1800-2200  
Saturdays: 0830-1730

**Curriculum:**

Emergency Care & Transportation  
of The Sick & Injured 11<sup>th</sup> Edition

**Tuition:**

\$1,000.00 per student  
(Includes study book & workbook)



Please fill out attached application and return by 1/15/2017.

OR

For more information contact:

Gary Lingel,  
Emergency Medical Training Concepts  
P.O. Box 23  
Stanwood, WA 98292  
(425) 508-1013



**E.M.T.C.  
2017-01 EMT Class  
Application**



**Applicant Information**

**Name:** \_\_\_\_\_  
Last First MI

**Date of Birth:** \_\_\_\_\_  
Month Day Year

**Address:** \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_  
City State Zip Code

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Phone #

**Cell:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Phone #

**E-Mail Address:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach copies of:**

- AHA Healthcare Provider CPR Card
- Washington State Driver's License

**Sponsoring Agency Info (If Applicable)**

**Sponsoring Agency Name:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Phone #

**Training Officer Name:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Phone #

**Please return completed applications to:**

Emergency Medical Training Concepts **Phone:** (425) 508-1013  
PO Box 23  
Stanwood, WA 98292 **E-mail:** emtconcepts@gmail.com

**Application Deadline : 1/15/2017**