



## Where to call

If you are interested in the class and want to be placed on the pre-registration list or need additional information please call or e-mail Joe Kovacs

586.463.5125

[JKovacs@medstarambulance.org](mailto:JKovacs@medstarambulance.org)

Medstar Medical Education Center  
Attn: Joe Kovacs  
380 N. Gratiot  
Clinton Twp. MI 48036

# Medstar Medical Education Center

In partnership with  
Medstar Ambulance



**Presents the  
Fall 2009  
Paramedic Course**

Phone: 586.463.5125



### Paramedic Class Overview

This course is a State of Michigan approved paramedic class that will allow the student upon successful completion to take the national registry examination written and practical exams. This class will consist of 600 hours of classroom instruction and 600 hours of field internship.

Field clinicals will be conducted at Medstar Ambulance as well as Henry Ford Macomb and Mt. Clemens Regional Medical Center.

### Course Textbooks

In this program multiple textbooks are used to provide you with the most current information. The following is a list of the books we use.

Brady – Essential of Paramedic Care 2<sup>nd</sup> edition

Brady- Basic Arrhythmias

Human Body in Health and Disease – Anatomy

Drug Dose Calculations

### Course Times

Course start date is September 29, 2009 Program meets every Tuesday and every other Saturday from 9am till 5 pm. Course length is approximately 1 year.

### Program Location

Course will be held at Medstar Ambulance, 380 N. Gratiot Clinton Twp. MI 48036

### Program Tuition

Full payment prior to the start of class: \$4000

Payment Plan: \$4500 (\$1500 deposit)

Electronic payments will be made over 6 months.

Area governmental agencies please contact for preferred pricing.





Education Program Registration

Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
Home Address: \_\_\_\_\_ City, ZIP: \_\_\_\_\_
Employer: \_\_\_\_\_ Home Phone: (\_\_\_\_)\_\_\_\_\_
Sponsor Agency: \_\_\_\_\_ Cell/Other: \_\_\_\_\_
E-Mail Address: \_\_\_\_\_ EMS License Number: \_\_\_\_\_
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Emergency Contact Telephone: (\_\_\_\_)\_\_\_\_\_ Second Telephone: (\_\_\_\_)\_\_\_\_\_

Immunization Status: Please check box for all current immunizations or evaluations:

- TB Evaluation (Within past 6 months)
Hepatitis B Vaccine Series\* or declination form
MMR (Measles, Mumps, Rubella) Immunity
German Measles Immunity
Positive Hx. Of Chicken Pox (Varicella) or documentation of immunity

\*Some vaccinations or proof of immunization may be required to be submitted with this registration. See course descriptions for requirements. Any registrations submitted without required information will be rejected.

Course Information

Course: Fall Paramedic 2009 Course Number: P 9-2009
Date(s): September 29, 2009 Location: Medstar Main Office
Tuition / Registration Fees: \$4000 Other Fees: \$500 extra if financing
Information attached to application: \_\_\_\_\_

--For Internal Use Only--

Payment Information

Date Application Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Received By: \_\_\_\_\_
Course Verified [ ] Tuition Verified [ ] Attached Material Verified [ ]
Tuition Received: \$\_\_\_\_\_ Other Fees Received: \$\_\_\_\_\_
Payment Form: (circle) CC PO Cash Check #\_\_\_\_\_ MSA Education Assistance form attached [ ]
Payment Posted by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Roster Entry by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
Other Information: \_\_\_\_\_

COMPLETED FORM MUST BE SUBMITTED OR MAILED TO:

Medstar Ambulance, ATTN: Education Registration, 380 N. Gratiot, Clinton Twp, MI 48036