



# NASSAU COUNTY EMS ACADEMY

300 WINDING ROAD • OLD BETHPAGE, NY 11804  
Phone (516) 572-8530 • Email [INFO@VEEBEMS.org](mailto:INFO@VEEBEMS.org)  
[www.VEEBEMS.org](http://www.VEEBEMS.org)

Mr.  Mrs.  Ms. Last Name

First Name  MI

Address

City  County  State  Zip Code

E-mail

Home Phone  Cell Phone  Work Phone

Date of Birth  SSN (Last 5 Digits)

Current Certification  None  CFR  EMT  AEMT  EMT-CC  EMT-P

EMT Number  Expiration Date   Former NCEMSA Student

Name of Affiliated Organization\*

Type of Organization  FD  VAC  Proprietary  Non-Affiliated - Tuition Student

\* Students affiliated with agencies outside of Nassau County must pay a NON-REFUNDABLE Registration Fee with application as follows:  
\$100.00 - EMT Orig./Ref./CME. Payable to **V.E.E.B.** via Cash, Credit, Money Order, Dept. Purchase Order. **NO** personal checks.  
**All affiliated students must take the NYS Written Exam within 6 months of course end date or be liable for current tuition fees.**  
**Tuition Students, please refer to the INFO menu on our website for our Tuition & Refund Policy. PAYMENT IN FULL MUST ACCOMPANY APPLICATION.**

Course Applying For  EMT Original  EMT Challenge Refresher  CME-B Refresher  Other

Day and Time  M/W  T/TH  Sat Other   Day Only  Evening Only

Location  Nassau County EMS Academy (NCEMSA) Other

Applicant's Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_

**Affiliated students require the authorization of the Chief of Department. Applications without the Chief's approval will be returned to the applicant.**

**REQUIRED FOR AFFILIATED MEMBERS:**

I certify that the above-named individual is a member of this organization and he/she is actively involved with the response to medical emergencies as a part of his/her duties. This individual will be covered by the N.Y.S. Worker's Compensation and liability coverage of this organization for the duration of this course.

Chief of Department Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Day Phone # \_\_\_\_\_