



Fall 2025 EMT Original Course Application

Name: _____

Address: _____

Email: _____

Phone: _____

EMT Original Course

- **Required Text:** Emergency Care 14th edition by Daniel Limmer & Michael O'Keefe
- **Tuition:** \$950 plus a \$100 lab fee (cash or check, see below for credit card pricing)
 - For members of an approved EMS/FD agency, **tuition** is waived if a DOH Verification of Membership form (**DOH-3312**) is submitted with this course application.
 - **Every student must pay the \$100 Lab fee.**
- **Cash, check or money order** - Please make checks and money orders **payable to Town of Colonie**. Please note name and **EMT Course** in the memo.
- **Credit/Debit** - Scan QR code or follow link on website (ColonieEMS.org/2024emt) to pay online.
- **To be enrolled in the course, the following must be submitted:**
 - This application
 - Tuition (**or** DOH 3312 verification form) **and** lab fee



Official Use Only

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Application

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DOH - 65

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Lab Fee

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Tuition or Verification of Membership