

Suffield EMS

Advanced Emergency Medical Technician (AEMT) Initial Course Payment Form

Student Information:

- Full Name: _____
- Date of Birth: ____/____/____
- Phone Number: _____
- Email Address: _____
- Home Address: _____ City: _____
_____ State: _____ ZIP Code: _____
- Shirt Size: _____

Course Information:

- Course Start Date: 5/12/25
- Course Location: Suffield Volunteer Ambulance Association
- Instructor Name: Christopher Johnston

Payment Details:

- Course Fee: \$1900
- I would like a physical book (\$140 additional) – Y N
- Payment Method (Check one):
 - ☐ Credit/Debit Card
 - ☐ Check – Checks Payable to Suffield Volunteer Ambulance Association
 - ☐ Money Order
 - ☐ Cash

Agreement & Signature: I, the undersigned, acknowledge that the payment for the AEMT Initial Course is non-refundable unless otherwise stated in the program's refund policy. I understand that my spot in the course is not secured until full payment is received.

Signature: _____ Date: //_____

Office Use Only:

- Payment Received By: _____
- Date Payment Received: //_____
- Receipt Number: _____

For any questions regarding payment, please contact:

Chris Johnston – cjohnston@suffieldems.org

Thank you for enrolling in the AEMT Initial Course!