

EMT & EMR Refresher

Presented at

**KB Ambulance Corps
294 Westcott Road
Danielson, CT 06239**

DATES

Tuesdays and Thursdays 1800-2200

December 5, 7, 12, 14

Saturdays 0800-1600

December 9, 16

REGISTRATION

Student Name: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Telephone: _____

E-mail: _____

Fire/Ambulance Department and Mailing Address: _____

Certification Level: EMT EMR Expiration Date: _____

Course Fee: \$225.00 (includes textbook)

Payment/Checks should be made to: KB Ambulance Corps, Inc.
PO Box 209
Danielson, CT 06239

Contact Eric Ducat for more information or with any questions.
Cell: 860-208-2218 Email: eric.ducat@hotmail.com