



SBES TC EMT COURSE #44 – 2026 SPRING EMT CLASS

APPLICANT REGISTRATION PACKAGE

COMPLETED REGISTRATION PACKETS ARE DUE NO LATER THAN FEBRUARY 10, 2026

Course Dates: Introduction: February 25, 2026 18:30- 22:00 - Must attend
March 1, 2026- May 19, 2026. Students must attend all dates. Full schedule is attached

Course Times: Tuesday & Wednesday - 18:30- 22:00
Saturday/Sunday - 2 sessions from 08:30-12:00 and 13:00-16:30

Course Location: South Branch Emergency Services, 48 Old Highway 22, 2nd floor, Clinton NJ 08809

Course Fee: Payment due with registration, payable to SBES- Includes the cost of the text book, online access, uniform shirts and photo ID.

- **Hunterdon County EMS Agency member:**
 - o Direct Pay: \$2,500 (Includes Course Fee – Must be Agency Check)
- **Unaffiliated*:**
 - o Direct Pay \$2,650 (Includes Course Fee)

Refund Policy:

1. **Course Cancellation by the Training Center:**
 - a. **If the Training Center cancels a course, a 100% refund will be issued.**
2. **Student Withdrawal Tuition Refund Schedule:** Refund eligibility is based on the date the Training Center receives the student’s written withdrawal request:

Timing of Written Request	Refund Amount
15 or more business days before the first class	95% refund (5% transaction fee retained)
10–14 business days before the first class	45% refund (50% refund minus 5% transaction fee)
9 or fewer business days before class begins	No refund

3. Written Refund Request Requirement: Students must submit a written refund request (email or letter is acceptable)

THIS COURSE DELIVERY WILL HAVE LIMITED SEATS



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To Register for This Course:

- Review this full package of information
- Review course schedule and confirm availability for all course sessions
- Review attached functional position for the EMT
- Complete all requested items (see Application Checklist)
- Return COMPLETED APPLICATION in person, by the date shown above.
- **A SPOT WILL NOT BE RESERVED FOR YOU UNTIL ALL ITEMS HAVE BEEN COMPLETED AND SUBMITTED ALONG WITH PAYMENT**

- **To register for this class, you must be 16 prior to the first day of class.**

This Applicant Registration Package must be returned in person with payment to:

Training Officer
South Branch Emergency Services
48 Old Highway 22, Clinton NJ
Monday through Friday

THIS IS A COLLEGE LEVEL COURSE

Before registering, please be aware of the following requirements of this course:

All students MUST:

- Have easy access to a computer for home study work. Expect to complete approximately 10-14 hours a week online independent study, as well as online quizzes and tests. A laptop computer is preferable for class.
- Be able to read, write, communicate and interpret instructions in the English Language. (All text materials are written at the 10th grade level).
- Be in good physical condition and be able to lift.
- Participate in all lecture and practical sessions. Students must attend all sessions in their entirety. Any absences must be made up prior to the state final certification exam. Due to the course layout, makeup sessions will be extremely difficult to schedule.
- You MUST purchase your book from SBES which gives you access to the online system.
- Bring a stethoscope and a watch with a second hand to ALL classroom sessions
- Once received, students must wear supplied uniforms & IDs as outlined in the SOG's.
- Have a notebook and pencil/pen at all times

SBES EMS TRAINING CENTER – 48 Old Highway 22 – PO Box 5265 – Clinton NJ 08809 Phone: (908) 735-4012 – email: learn@sbes365.org – website: www.sbes365.org/training



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FUNCTIONAL POSITION DESCRIPTION FOR THE EMERGENCY MEDICAL TECHNICIAN

INTRODUCTION

The following is a position description for the Emergency Medical Technician (EMT). This document identifies the minimum competencies of the EMT.

COMPETENCIES

The EMT must demonstrate competency in handling emergencies utilizing basic life support equipment in accordance with the objectives in the National Highway Traffic Safety Administration EMS Education Standards for EMT and other objectives identified by the New Jersey Department of Health, to include having the ability to:

1. Verbally communicate in person, via telephone, telecommunications and other electronic devices using the English language.
2. Hear and interpret spoken information from co-workers, patients, physicians and dispatchers and sounds common to the emergency scene.
3. Lift, carry and balance a minimum of 125 pounds equally distributed (250 pounds with assistance), a height of 33 inches, a distance of 10 feet.
4. Read and comprehend written materials under stressful conditions.
5. Verbally interview patients, family members, bystanders and hear and interpret their responses.
6. Document physically in writing all relevant information in prescribed format.
7. Demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care.
8. Bend, stoop, crawl and walk on uneven surfaces. Meet minimum vision requirements to operate a motor vehicle within the state. Function in varied environmental conditions such as lite or darkened work areas, extreme heat, cold and moisture.



SBES EMS Training Center – EMT Training Hybrid Program

APPLICANT REGISTRATION CHECKLIST

Use this checklist to make sure you have completed and attached the following paperwork to make sure that you have a successful submission. A spot will not be reserved for you in class until all documents and payment are completed:

COMPLETED	Item
	APPLICANT REGISTRATION FORM
	STUDENT CONTRACT
	MINOR STUDENT GUIDELINES & CONSENT (For students under the age of 18)
	HEPATITIS B VACCINATION SELECTION
	ACKNOWLEDGEMENT OF RECEIPT, NJ OEMS REGULATIONS
	Copy of Healthcare Provider CPR Card or Proof of enrollment in class.
	Documented Learning Disability
	Payment Check (Hunterdon County EMS affiliated students must have check from their sending agency, not a personal check)



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SBES EMS Training Center – EMT Training Hybrid Program

APPLICANT REGISTRATION FORM

2026 Spring EMT # 43

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Date

of Birth: ____/____/____ Email: _____ Home

Phone # (____)____-____ Cell Phone # (____)____-____ Polo

Size (circle one): S M L XL 2X 3X 4X

Emergency Contact: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone

(____)____-____ Alternate Phone # (____)____-____ Medical

Conditions: _____

Medications: _____

Allergies: _____

Are you on a rescue squad? Y N If so, what one? _____

Please tell us if you have any first aid experience (use back of more room is needed):

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STUDENT CONTRACT

AS A STUDENT ENROLLED IN THE EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM AT THE SOUTH BRANCH EMERGENCY SERVICES TRAINING CENTER, I AM OBLIGATED TO FOLLOW ALL THE RULES AND REGULATIONS OUTLINED ON THIS FORM:

- I AM IN RECEIPT OF THE N.J.A.C. 8:40A-5.8.
- I AM IN RECEIPT OF THE N.J.A.C. 8:40A-5.3.
- I AM IN RECEIPT OF SOUTH BRANCH EMERGENCY SERVICES TRAINING CENTER'S STANDARD OPERATING GUIDELINES.
- I ACKNOWLEDGE THAT I HAVE REVIEWED AND UNDERSTAND THE REFUND POLICY LISTED ON THIS APPLICATION
- I AM IN RECEIPT AND MEET THE CRITERIA FOR THE FUNCTIONAL POSITION OF THE EMT.
- I ACKNOWLEDGE THAT I HAVE NOT BEEN ARRESTED IN ANY STATE/ US JURISDICTION OR THAT I HAVE BEEN CLEARED BY THE NJ OFFICE OF EMERGENCY MEDICAL SERVICES TO CONTINUE MY EDUCATION AS AN EMT.
- I ACKNOWLEDGE THAT THE MANAGEMENT OF THIS EMT PROGRAM MAY UTILIZE MY EMAIL ADDRESS TO SEND IMPORTANT UPDATES AND INFORMATION, AND THAT IT IS MY RESPONSIBILITY TO MAKE SURE I MAINTAIN AND CHECK THE EMAIL I PROVIDED FREQUENTLY.
- I UNDERSTAND THAT AS PART OF THE EDUCATIONAL PROCESS, I MAY FROM TIME TO TIME BE ASKED TO DRIVE OR BE A PASSENGER IN ANOTHER'S VEHICLE TO A DIFFERENT LEARNING SITE. IF I AM DRIVING, I CONFIRM THAT I HAVE VALID NJ MOTOR VEHICLE INSURANCE AND A VALID NJ DRIVER'S LICENSE. IF I AM A PASSENGER, I CONFIRM THAT I UNDERSTAND AND WILLFULLY ACCEPT THE RISK OF RIDING IN ANOTHER'S VEHICLE.
- I HEREBY INDEMNIFY AND HOLD HARMLESS SBES AND ITS AGENTS, DIRECTORS, MEMBERS AND ASSIGNS FROM AND AGAINST ANY CLAIMS OR LOSSES DUE TO MY NEGLIGENCE OR FAULT IN DRIVING OR RIDING AS A PASSENGER BETWEEN EDUCATION SITES OR OTHER TRIPS WHILE ACTING AS A MEMBER OF AN EDUCATIONAL CLASS.

● I UNDERSTAND THAT PART OF MY TRAINING MAY INVOLVE SIMULATIONS IN WHICH I AM LEARNING OR PRACTICING SKILLS IN A MOVING AMBULANCE. I CONFIRM THAT I UNDERSTAND AND WILLFULLY ACCEPT THE RISK OF RIDING IN AN AMBULANCE. I SHALL OBSERVE AND COMPLY WITH ALL POLICIES FOR SAFETY IN THE AMBULANCE, INCLUDING USING PASSENGER RESTRAINTS.

NAME (PRINT): _____ HOME

ADDRESS (PRINT): _____ CITY

(PRINT): _____ STATE _____ ZIP: _____

EMAIL (PRINT): _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

GUARDIAN'S NAME, if applicable (PRINT): _____

GUARDIAN'S PHONE NUMBER: _____

I HAVE RECEIVED, READ, UNDERSTAND AND AGREE TO THE ABOVE LISTED DOCUMENTS. ALL MY INFORMATION IS CORRECT.

STUDENT'S SIGNATURE: _____ DATE: _____

GUARDIAN'S SIGNATURE: _____ DATE: _____

SBES EMS Training Center – EMT Training Hybrid Program

To: Parents/Guardian of MINOR Students attending the SBES EMT Program

While we at the SBES Training Center welcome their ambition to become Emergency Medical Technicians, for their protection, the following guidelines need to be strictly adhered to throughout the duration of the class. We ask that you please make sure you review and initial each of these items with the minor student attending our program

Parent Initial	Student Initial	
		<p>No minor student attending this class will be permitted to leave the premises during classroom hours, including lectures, breaks or lunch, except as noted below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Minor Student may leave SBES facility during breaks or meals <input type="checkbox"/> Minor Student may leave SBES facility during breaks or meals, but only when accompanied by: _____
		<p>No minor student will be allowed to smoke or use other tobacco products, including electronic smoking devices, chewing tobacco, etc., while anywhere on the property of SBES or any of our class locations.</p>
		<p>All students, per New Jersey Department of Health Guidelines, must be on time for class. The minor student is responsible for making all arrangements to travel to and from class sessions.</p>
		<p>The student is required to wear the appropriate classroom attire, as outlined in the student’s Standard Operating Guideline, to all classroom and practical sessions.</p>
		<p>SBES TC has a zero-tolerance policy for harassment, violence or carrying of devices considered to be weapons. Minor students may be immediately dismissed by the instructor if any concerns regarding these areas arise, and the safety of the minor student, other students, faculty or the community is at risk.</p>

By signing this form, the minor student and parent/guardian agree to the rules set forth above. The student agrees to speak to a course instructor if a situation occurs where the student may need to deviate from the rules. A course administrator will be advised, and if the situation cannot be resolved, it may be found necessary to call the parent/guardian regarding the matter. Both parent/guardian and the student understand that any deviation from these rules may result in dismissal from the class and forfeiture of any fees privately paid by the student or parents/guardians.

Student Name: _____ Student Signature: _____

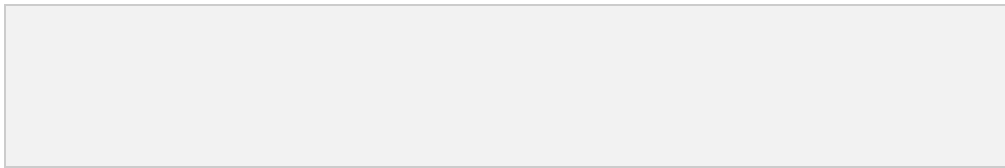
Parent/Guardian: _____ Signature: _____

Date Signed: ___ / ___ / ___ Contact Telephone #(s): _____

Contact Email(s): _____

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HEPATITIS B VACCINE

You must select one of the following options (Select one):

- I have previously received my Hepatitis B Vaccination, and completed information below; or
- I have NOT received my Hepatitis B Vaccination, but do require it; or
- I Waive my rights to receive a Hepatitis B Vaccination, and completed waiver below

HEPATITIS B VACCINE IMMUNIZATION RECORD

Student Name: _____

Date of first dose: _____ Date of the second dose: _____ Date of third dose: _____

____ Antibody test results - pre-vaccine (optional):

Antibody test results - post-vaccine:

Time interval since last injection:

Student Signature: _____

Parent/Guardian Signature, if minor:

DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me (Must contact sponsoring organization for approval).

Student Signature: _____ Date: _____



SBES EMS Training Center – EMT Training Hybrid Program

New Jersey Department of Health § 8:40A-5.3 Attendance

(a) Each student shall attend all required program sessions. Attendance shall be recorded on an official session roster. Official session roster forms are available from OEMS upon request. All session rosters shall be delivered to OEMS at least 10 calendar days prior to the NREMT-Basic Certification Examination. No student shall be credited with attendance at a session who:

1. Fails to attend the entire session;
2. Arrives more than 15 minutes late for the session;
3. Has been expelled from the session for disruptive behavior;
4. Leaves prior to the completion of the session;
5. Attends the session, but is unwilling to participate in the required activities and instruction for that session; or
6. Fails to sign the attendance sheet.

(b) Subject to the provisions of (c) below, any student missing a session shall make the session up within 120 days of the course completion date prior to becoming eligible to sit for the NREMT-Basic Certification Examination. The program coordinator shall be responsible for assisting the student with locating a suitable make-up session. The options available to a student are:

1. Attendance at the same session in another EMT-Basic training program;
2. Attendance at a special session scheduled by the program coordinator which covers the lecture material and practical skills; or
3. Utilization of audio/visual materials in conjunction with the required practical skills session conducted by a Lead EMT-Instructor or EMT-Instructor as approved by the program coordinator. (c) Any student missing three consecutive sessions may be expelled from the EMT-Basic training program and may be required to apply for, and participate in, an entirely new EMT-Basic training program.

CONTINUED –



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New Jersey Department of Health § 8:40A-5.8 Program Curriculum

(a) The Department hereby adopts and incorporates by reference the program curriculum as the curriculum for all EMT-Basic training programs conducted in New Jersey.

1. A person must successfully complete each of the program curriculum's seven training modules, and shall not be permitted to move on to the next consecutive module until he or she has successfully passed the examination for the previous module. A person who fails a module examination shall be permitted to re-test following remediation. A person who fails two consecutive examinations for the same module shall be automatically expelled from the EMT- Basic training program and shall be required to apply for, and participate in, an entirely new EMT-Basic training program.

(b) No training agency shall offer an EMT-Basic training program that provides instruction in material that is beyond the permitted scope of practice for an EMT-Basic, as defined in this chapter, the program curriculum, or any applicable law, rules and/or regulation.

(c) Each lecture portion of an EMT-Basic training program shall comply with the corresponding lesson plan listed in the program curriculum.

(d) Each practical skills session shall comply with the standard of care as defined in the program curriculum or any applicable law, rule and/or regulation.

(e) Each EMT-Basic training program shall include a 10-hour clinical experience in the emergency department of an acute care hospital or another area related to prehospital care that has been approved by the Department.

1. The clinical and/or field experiences shall be limited to observation of procedures and patients, and the application of clinical skills that are taught as part of the program curriculum. The clinical experience shall occur under the direct supervision of a Field Preceptor designated by the supervisor of the emergency department staff or other area included as part of the clinical experience.

2. No person shall serve as a field preceptor unless that person is medically qualified to operate at least to the level of an EMT-Basic.

3. Students participating in the clinical experience shall neither be required nor allowed to perform any skill or procedure that is outside the scope of practice for an EMT-Basic, nor shall a student be allowed to replace required emergency department staff.

4. The program coordinator or emergency department staff may permit the student to spend up to five hours of the required clinical experience as an observer on a MICU, subject to the restrictions set forth in (e) 1 and 3 above.

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(f) The EMT-B Statewide Faculty shall assist the Department in the implementation of the EMT-Basic training program curriculum and the oversight of the instructional plan.

(g) Training in the utilization of AEDs shall be delivered as part of the EMT-Basic and EMT-Basic Refresher Programs and shall be in accordance with the EMT-Basic training program curriculum.

STUDENT SIGNATURE: _____ DATE: _____

Parent/Guardian Signature: _____ DATE: _____

I acknowledge receipt of and review of the above requirements.

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