

Student Name: \_\_\_\_\_

SCCC ID# or Last 4 of SSN: \_\_\_\_\_

Sponsoring Fire House/Agency/Employer: \_\_\_\_\_

As a student enrolled at SUNY Schenectady County Community College (SUNY Schenectady), and in the event that I DO NOT meet the conditions below, I agree to pay SUNY Schenectady the sum of \$\_\_\_\_\_ for the  Emergency Medical Technician (EMT) or  Certified First Responder (CFR),  ORIGINAL or  REFRESHER course for the  SPRING or  FALL 20\_\_\_\_\_ term. I will be immediately responsible for payment of tuition and fees associated with this course unless I:

1. Return a completed [DOH-3312 Verification of Membership in EMS Agency Form \(https://www.health.ny.gov/forms/doh-3312.pdf\)](https://www.health.ny.gov/forms/doh-3312.pdf) to the course instructor on or before the first day of class OR provide a signed letter from my employer stating the employer's intent to pay tuition and fees.
2. Pass the Practical Skills Exam at the end of the EMT/CFR course.
3. Pass the required NYS Written Exam within 30 days from the end of this course at SUNY Schenectady.

I understand that I am liable for the above tuition and fees to SUNY Schenectady for my attendance at SUNY Schenectady including interest thereon. I will be additionally liable for any and all costs and disbursements associated with collecting said tuition and fees from me including reasonable attorney fees.

I understand that if my sponsoring agency or employer has agreed to pay tuition and fees to SUNY Schenectady, I will provide a signed letter stating that intent to pay which is subject to acceptance by SUNY Schenectady. In absence of a signed and accepted letter of intent to pay, I am responsible for all tuition and fees.

I also understand that official or unofficial withdrawal from SUNY Schenectady does not relieve me of my obligation to repay the amount due to the college and refunds shall be provided only in accordance with the [course refund/drop policy: \(https://sunysccc.edu/About-Us/Workforce-Development-and-Community-Education/WFD-CE-Course-Registration\)](https://sunysccc.edu/About-Us/Workforce-Development-and-Community-Education/WFD-CE-Course-Registration)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUNY Schenectady Student Business Office**

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

Term: \_\_\_\_\_ Total Amount: \_\_\_\_\_