

Parkview VFD/EMS Training/Con-Ed Class Policy

Parkview VFD/EMS offers training and con-ed for its' members on a regular basis. Some of these classes are closed for Parkview members only for department specific needs. Please refer to these policies for classes that are open for attendance by the general public.

Registration:

Any of our open classes are available for the general public on a first come, first serve basis.

Registration for classes can be made by calling 412-449-1080, e-mailing Training@ParkviewVFD.org, or the mailing of a registration form (when applicable). You will not receive notification that your registration has been accepted. Notification will only be made to those attempting to register if the class was closed due to size limitations.

Tuition/Costs:

Costs/Tuition must be paid in advance; Parkview VFD/EMS does not extend ANY credit regarding costs for training. A spot for registration is not secure until payment in full has been received. If an individual must cancel their registration from a class (with no penalty), they will be refunded their tuition minus \$4.00, which will be held for registration expenses. No-shows and cancellations within 48 hours of class start time will result in NO REFUND. All tuition must be paid by check or money order.

Cancellations:

If a class is cancelled due to weather or any other circumstance, Parkview VFD/EMS shall attempt to contact all registered individuals as soon as possible to notify them of the cancellation of the class. The class may or may not be rescheduled. Individuals may contact the above phone number to confirm whether a class will be held if they feel it may be cancelled and they have not received notification.

If a class is rescheduled, Parkview VFD/EMS will contact all registered individuals and notify of a change of date if one is scheduled.

If a class is cancelled by Parkview VFD/EMS or if the class is already full, the check or money order will be sent back to the individual or department.

Parkview VFD/EMS Training/Con-Ed Class Registration

PLEASE PRINT LEGIBLY

Name: _____ Date of Birth: ____/____/____

County of Residence: _____ Phone Number: (____)____-____

PA DOH Certification #: _____ Level of Certification: _____

E-Mail: _____ Public Safety Organization: _____

Class Registration:

Date of Class: ____/____/____ Title of Class: _____

Amount Enclosed (Check or Money Order): \$_____ (If applicable)

Is a the above listed Public Safety Organization sponsoring your participation: ___ Yes ___ No

If Yes, Chief or Director Name:

Printed: _____ Signature: _____

I, the above individual, submit this application for registration for the above name class to be held by Parkview VFD/EMS and I have read, understand, and will abide by the Parkview VFD/EMS Training/Con-Ed Class Policy.

Signature: _____