



**Grant Medical Center  
EMS Education**

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State of Ohio Accreditation No. 314

Dear Applicant,

Enclosed is the Basic Refresher application you requested. Please return the completed application along with a copy of your current Ohio Driver's License.

If you wish notification of your application, please include a self addressed stamped envelope for notification by return mail.

Please note that your application must be received one week before the start of class to ensure enrollment.

***Tuition must be paid by the start of class (cashier's check or money order - made payable to Grant EMS Education). NO PERSONAL CHECKS.***

Classes without sufficient enrollment will be cancelled. We look forward to having you in our class.

Sincerely,

*Barbara J Scherer*

Barbara Scherer  
Administrative Assistant  
EMS Education  
614-566-8289