

**NEW  
DATES**

**MAVT Instructor Course  
APRIL 17-18, 2010  
REGISTRATION**



Serving the industry since 1976

**Medical Transportation Association**

of New Jersey

P.O. Box 509, Brick, New Jersey 08723

**DATE:** The MAVT Instructor Course takes about 16 hours over one weekend.  
Saturday, 4/17/2010 Registration: 8:00am – 9:00am  
Sunday, 4/18/2010 Class Day 1: 9:00am – 5:00pm  
Class Day 2: 8:30am – 5:30pm

**LOCATION:** JFK Medical Center  
FITNESS & CONFERENCE CTR.  
70 James Street  
Edison, NJ 08818

**PROSPECTIVE MAVT INSTRUCTORS MUST MEET THE FOLLOWING CRITERIA:**

1. Currently involved in the medical transportation industry
2. Currently certified as an MAVT
3. Submit one (1) recommendation from someone in the industry (for example: employer, another instructor, supervisor)
4. Students will be evaluated on their skills and must be physically capable of carrying out the procedures.
5. Are certified as instructors in another discipline (recommended, not required)

**Students who pass the course receive an Instructor's Manual, The Mobility Assistance Vehicle Technician: A Guide to Medical Transport, an instructional CD and are certified as instructors for 3 years. An annual administrative fee of \$350 for non-members (\$200 for MTANJ member companies) is payable to the MTANJ beginning 2012.**

**Registration,  
Recommendation &  
Payment Due by 4/9/2010**

If you do not meet the requirements listed above or have any questions, please call the MTANJ at 732.719.7229. Individual circumstances will be considered but acceptance is not guaranteed. Payment and attendance at the course is not a guarantee of passing. If a student does not pass, no refunds will be given; however, students who fail may take the course again at no charge based on availability and approval of the MTANJ and Course Faculty.

**CLASS SIZE:** Limited to 35 participants admitted on a first paid basis.

**COST:** \$1,500.00 per student employed by a member of the MTANJ  
\$2,000.00 per student employed by non-member company  
\$2,000.00 per student not currently employed by a medical transportation company

**Reduced Rates**

**ONE REGISTRATION FORM REQUIRED FOR EACH STUDENT**

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_  
Street Apt. # City State Zip Code

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Current MAVT certification number: \_\_\_\_\_  Recommendation attached  Recommendation emailed to [jyasuk@mtanj.com](mailto:jyasuk@mtanj.com)

If not currently employed by a medical transportation company, please explain your involvement in the industry:

\_\_\_\_\_

Current instructor certifications: \_\_\_\_\_

I am physically able to perform the required procedures.  Yes  No

If no, please explain: \_\_\_\_\_

During Registration on the course date, you will be required to show a government issued photo identification. Payment is required with this form and will not be accepted on the day of the course. Confirmation of acceptance in the course will be emailed to you within 7 days of receipt of payment, recommendation, and registration form. Bring the confirmation with you to the course.

**Check enclosed** (payable to the MTANJ)  **Credit Card Payment**  Visa  MC  AE

Name on Credit Card \_\_\_\_\_ Email Address: \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street Apt. # City State Zip

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAIL WITH CHECK TO ADDRESS ABOVE OR FAX TO 732-276-0116 WITH CREDIT CARD INFORMATION.**

FOR OFFICE USE ONLY Appl. Recd. \_\_\_\_\_ Recommendation Recd. \_\_\_\_\_ Pmt. Recd. \_\_\_\_\_ CC Charged \_\_\_\_\_ Confirmation Sent \_\_\_\_\_