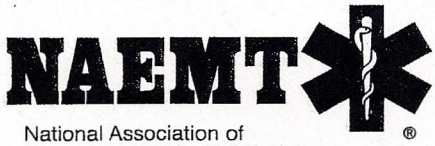
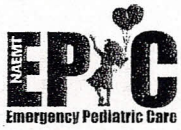


National Association of
Emergency Medical Technicians
P.O. Box 1400
Clinton, MS 39060-1400
1-800-34-NAEMT
www.naemt.org

Educational Program

Participant Registration Form



Participant

Please print legibly. *This information is necessary to record your successful participation in this course and maintain records to verify your continuing education credit. If you are not a member of NAEMT, you will be given a free one year electronic membership for your participation in this educational program. For more info about NAEMT visit www.naemt.org.*

* FIRST NAME | M.I. | * LAST NAME | TITLE

ORGANIZATION

* ADDRESS 1 | ADDRESS 2

* CITY | * STATE/PRV | * POSTAL CODE - | * COUNTRY

* TELEPHONE (PRIMARY) include area code | TELEPHONE (SECONDARY) | FAX

* EMAIL ADDRESS **(required for free NAEMT electronic membership)**

* DATE OF BIRTH M M D D Y Y

FEMALE ❑
MALE ❑

(NREMT or state cert. no. is required for CE purposes)

* NATIONAL REGISTRY NO. | * EXPIRATION DATE M M D D Y Y | * STATE/PRV. CERT./ LIC. NO. | * STATE/PRV. | * EXPIRATION DATE M M D D Y Y

MILITARY IDENTIFICATION NO.

1st RESPONDER ❑ EMT-B ❑ EMT-I ❑
EMT-P ❑ PA ❑ RN ❑ MD ❑ OTHER ❑

All information requested must be provided in order to receive CECBEMS continuing education credits.
*** denotes required fields**
Email address is required for NAEMT electronic membership

Pre-test SCORE | FINAL SCORE | PASS / FAIL ❑ ❑

To Be Completed By Instructors and Course Coordinators Only *Instructors and Coordinators: please complete the following information with signatures before copying and distributing this form to course participants. Please see instructions on back of this form.*

Type of Course

AMLS ❑
PHTLS ❑
EPC ❑

National Course No.

- -

Course Dates

start month / day / year end month / day / year

Course Site

Course Site No.

Course Coordinator

FIRST NAME | LAST NAME

Course Location

ORGANIZATION | CITY | STATE/ PROV. | COUNTRY

Course Coordinator Signature _____ **Affiliate Faculty Signature** _____

Medical Director Signature _____ **Affiliate Faculty Signature** _____