



Course Registration Form

For Registrants Being Financially Sponsored by an EMS Agency, Fire Department, or Other Employer

CHOOSE CLASS: ___EMR ___EMT ___AEMT ___Refresher

COURSE START DATE: _____

COURSE TUITION: _____

REGISTRANT INFORMATION [please print legibly]

Legal Name: _____ DOB: _____

Nickname or Preferred Name: _____

Mailing Address: _____

City/State/Zip: _____

E-Mail: _____

Home Phone: _____ Cell Phone: _____

EMS or Fire Department Affiliation: _____

Registrant Signature: _____ Date: _____

EMPLOYER INFORMATION & AUTHORIZATION

Agency Name: _____

Chief/Director/Authorizing Official Name: _____

Agency Mailing Address: _____

Agency Email Address: _____ Purchase Order #: _____

My signature below indicates that the agency listed above will be financially responsible for course tuition for the registrant listed above. Additionally, my signature indicates I am legally authorized to sign on behalf of the agency listed above.

Chief/Director/Authorizing Official Signature: _____

*Upon completion, please email, mail, or fax this document to Granite State EMS, LLC
An invoice will be sent to the agency address listed above. Granite State EMS, LLC reserves the
right to cancel a class for low enrollment.*