

Educational Programs Participant Registration Form

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 trial membership for your participation in this educational program. Email address is required for NAEMT electronic trial membership. All fields with an (*) are <u>REQUIRED</u> to be completed in order to receive CECBEMS continuing education credits. For more information about NAEMT visit <u>www.naemt.org</u>.

*FIRST NAME	M.I. *LAST	NAME		TITLE	
ORGANIZATION					
*ADDRESS 1		ADDI	RESS 2		
*CITY		*STATE/PRV	*POSTAL CODE	*COUNTRY	
PRIMARY TELEPHON	E NUMBER	SECO	NDARY TELEPHONE NUM	1BER	
EMAIL ADDRESS (RE	QUIRED FOR FREE NAEMT ELECTRONIC TRIAL	MEMBERSHIP)	*DATE OF BIRTH		MALE FEMALE
	*EXPIRATION DATE T. NO. IS REQUIRED FOR CE PURPOSES) AT EMT-I AEMT		/LIC. NUMBER		OTHER
Course Type	*National Course Number	*(Course Start Date	Pre-test Post-te	est *PASS/FAIL End Date
	*Course Site	inator	Last	Name	
	*Course Location Organization		City		State Country
	tor Signature		*Affiliate Faculty		