



Johnson County Ambulance District Training Course Registration



STUDENT NAME: _____ SS NUMBER _____ - _____ - _____

HOME PHONE #: _____ CELL PHONE #: _____

MAILING ADDRESS: _____
Number Apt. # Street
_____ City State Zip Code

E-MAIL ADDRESS: _____

Date(s) of Course: _____

American Safety & Health Institute (ASHI) Courses:

- CPR & AED (Adult only- 2 hours) \$35
- CPR & AED (Adult & Child - 3 hours) \$40
- CPR/AED/ First Aid Combo (5 hours) \$50
- CPR Pro (4-5 hours) \$50
- Advanced Cardiac Life Support (16 hours) \$200
- Pediatric Advance Life Support (16 hours) \$200
- CPR & AED (Child/ Infant only- 2 hours) \$35
- Basic First Aid (2 ½ hours) \$35
- Bloodborne Pathogens (2 hours) \$35
- CPR Pro- Renewal \$30
- ACLS – Renewal (8 hours) \$120
- PALS – Renewal (8 hours) \$120

National Association of EMTs (NAEMT) Courses:

- Prehospital Trauma Life Support (16 hours) \$200
- Advanced Medical Life Support (16 hours) \$200
- Emergency Pediatric Care - EPC (16 hours) \$200
- EMS Safety Course (8 hours) \$100
- PHTLS – Refresher (8 hours) \$120
- AMLS – Refresher (8 hours) \$120
- EPC – Refresher (8 hours) \$120

EMS Courses:

- Emergency Medical Responder (First Responder) \$1,800 per course + cost of books
- EMT Program (120+ hours) \$925
* \$100 non-refundable deposit required at registration
- EMT Refresher (24 hours) \$200
- Other EMS/ CEU Courses - Specify _____

Registration is not complete until payment is made.

Make checks payable to: Johnson County Ambulance District

We accept the following credit cards: MasterCard Visa Discover

If you wish to pay by credit card, please call (660) 747-5735, Ext. 1 or complete and mail the One Time Credit Card Payment Authorization Form.

Submit Registration and Payment to: **PO Box 48, Warrensburg, MO 64093** Fax: (660) 747-6430

Email - scan and send to: contact@jocoamb.com

AGREEMENT

Refunds will not be made for any withdrawn or dropped classes. Refunds will only apply if the course is cancelled. The Johnson County Ambulance District does not guarantee a student successful course completion or success at passing certification tests.

I agree to all of the requirements and condition of this training program.

Student Signature: _____ Date: _____



Johnson County Ambulance District



PO Box 48,
263 SE State Route Business 13 Hwy
Warrensburg, MO 64093

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Johnson County Ambulance District to make a one time Charge (debit) to your credit card listed below.

By signing this form you give us permission to charge (debit) your account for the amount indicated on or after the date of signature. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize the Johnson County Ambulance District, Missouri to charge my credit card account indicated below for payment amount indicated below.

Contact Information:

ADDRESS: _____
 Number Street Apt.

 City State Zip Code

HOME PHONE #: _____ CELL PHONE #: _____

E-MAIL ADDRESS: _____

This payment is for:

- Training Event or Class: CPR/ AED First Aid ACLS PALS PHTLS
- EMT Program EMT Refresher AMLS
- Emergency Medical Responder (40 hr) EPC
- Other _____.

- Item: Books Other _____.

Credit Card/ Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		
Cardholder Name _____		
Card (Account) Number _____		
Card Expiration Date _____	CVV2 (3 digit number on back of card) _____	
Payment Authorized:\$_____	Credit Card Phone# _____	

Authorization and Signature:

I authorize the Johnson County Ambulance District to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____ DATE _____