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. Course participants who do not have a prior or current NAEMT membership will receive a one-time, one-year introductory electronic membership. All fields with an (*) are REQUIRED to be completed in order to receive CECBEMS continuing education credits. For more information about NAEMT visit www.naemt.org.

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

ORGANIZATION

*ADDRESS1 | ADDRESS 2

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

*PRIMARY TELEPHONE NUMBER | SECONDARY TELEPHONE NUMBER | FAX TELEPHONE NUMBER

*EMAIL ADDRESS (REQUIRED FOR FREE NAEMT INTRODUCTORY MEMBERSHIP) | *DATE OF BIRTH | MALE | FEMALE

(NREMT OR SATE CERT. NO. IS REQUIRED FOR CE PURPOSES)

*NATIONAL REGISTRY NUMBER | *EXPIRATION DATE | *STATE CERT/LIC. NUMBER | *STATE | *EXPIRATION DATE

EMR☐ EMT-I ☐ EMT ☐ AEMT ☐ PARAMEDIC ☐ PA ☐ RN ☐ MD ☐ OTHER ☐

Pre-test | Post-test | *PASS/FAIL

***Select Course Type**

AMLS ☐
EPC ☐
GEMS ☐
LEFR ☐
PEPL ☐
PHTLS ☐
Safety ☐
TCCC ☐
TECC ☐

*National Course Number | *Course Start Date | *Course End Date

*Course Site
Course Site ID

*Course Coordinator
First Name | Last Name

*Course Location
Organization | City | State | Country

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

Instructors and Coordinators: Please complete the course information with signatures before copying and distributing this form to participants.