



Course Registration Form

Please fill out the course registration form completely and return to us by one of the following methods:

Hand Deliver or Mail to: Pelham Training, 699 E Dillman Road, Bloomington IN 47401

Fax to: (812) 824-7841

Scan and Email to: suzie@pelhamtraining.com with "Course Registration Form" as your subject

Student Information: (All fields are required. At least one phone number)		
Drivers License Number:	Social Security Number:	
First Name:	MI:	Last Name:
Street Address:		
City:	State:	
ZIP Code:	Country:	
County of Permanent Residence (Indiana Residents):		
Cell Phone:	Work:	Home:
Email Address: PLEASE PRINT CLEARLY: _____ Please, no yahoo addresses: If you yahoo, please set up a temporary hotmail, gmail, or other free e-mail account.		
Date of Birth(mm/dd/yy):	Gender:	
Country of Citizenship:	State/Country in which you will seek certification:	
Do you have any learning disabilities or handicap we need to be made aware of? Yes No		
If yes, please describe:		
How did you hear about us?		
Emergency Contact Information:		
Name:	Relationship:	
Address:	Phone:	

If you currently hold an EMT-B, EMT-A, EMT-I or EMT-P certificate, please complete the following section.

State of Current Certification:	Level of Certificate:
Certificate Number:	Certificate Expiration Date:
NREMT Number (if applicable):	
NREMT Re-Registration Date (if applicable):	

Course Information: Please indicate which course(s) you would like to take **and be sure to indicate your preferred course start date(s) in the Start Date column.**

Course:	Start Date	X	Recertification	X	Certification
CPR (AHA - BLS Healthcare Provider Course)			\$35.00		\$ 45.00
EMT Courses:					
First Responder		n/a	n/a		\$250.00
EMT Basic Standard (3 Months / Twice Weekly)		n/a	n/a		\$700.00
EMT Basic Accelerated (14 Days / Daily)		n/a	n/a		\$1,500.00
EMT Basic Tactical Medical Care Course		n/a	n/a		\$3,500.00
Paramedic		n/a	n/a		\$5,500.00
Paramedic Accelerated – Please download an application packet from our web site.					
EMS Continuing Education Courses:					
EMT Basic Refresher		n/a	n/a		\$150.00
Paramedic Refresher		n/a	n/a		\$350.00
Practical Exams and Prep Courses:					
BLS Practical Skills Exam (EMT-B)		n/a	n/a		\$100.00
National Registry Written Preparation Course		n/a	n/a		\$300.00
Wilderness Courses:					
Wilderness First Aid (SOLO)		n/a	n/a		\$200.00
Wilderness Medical Upgrade		n/a	n/a		\$375.00
Specialty Courses:					
Primary Instructor Course		n/a	n/a		\$500.00
PHTLS (Pre-Hospital Trauma Life Support)			\$75.00		\$150.00
PALS (Pediatric Advanced Life Support)			\$75.00		\$150.00
PEPP (Pediatric Edu. For Prehospital Professionals)			\$75.00		\$100.00
AMLS (Advanced Medical Life Support)			\$75.00		\$150.00
ACLS (Advanced Cardiac Life Support)			\$75.00		\$150.00
Administration Fees:					
California and Alaska Residents please add					\$100.00
Students coming from outside the 50 US states (US citizens included) please add					\$150.00
			Re-Certs	Initial Certs	
Course Subtotals:			\$	\$	
Course Total (Re-Cert Subtotal+ Initial Cert Subtotal)					\$

I agree to comply with the policies and procedures of Pelham Training. I understand that if I knowingly provide false information, my enrollment may be revoked, and may be cause for dismissal from the program.

Signature: _____

Date: _____

Methods of Payment: Payment is due in full in advance of your class start date with the exception of Standard Format EMT, Standard Format Paramedic, and Accelerated Paramedic classes. The standard format EMT initial payment of one quarter of the course cost is due in advance of your start date. Paramedic payment schedules will be included in your acceptance letter.

Pay On Line by Credit Card (Visa, MasterCard, Discover or American Express): Upon receipt of your registration form, Pelham Training will send an invoice via e-mail for your class(es) or for your initial payment. Simply click on the payment link provided in your e-mail to get to our secure payment page. It is your payment that guarantees you a roster spot for the courses for which you have registered so please make your payment promptly upon receipt of your invoice.

Please send me an invoice via email

Check or Money Order: Please make checks payable to Pelham Training. (Personal checks are accepted however a \$25.00 fee will be assessed by Pelham Training for checks returned due to insufficient funds.)

I am mailing my form and my check is enclosed I am faxing my form and my check will follow in the mail

Company /Other: If a company, government entity or educational institution is paying for your course(s) please complete the following section. All fields are required. Please also include a purchase order for the training or a letter from your supervisor or training officer authorizing and accepting responsibility for the payment of the training.

Business Name:

Billing Contact Name:

Email Address:

Address:

City:

State/Province:

ZIP/Postal Code:

Country:

Phone Number:

Fax Number:

Cancellation Policy: Students who need to cancel and do so in advance will be entitled to a refund or partial refund according to the following schedule. Refunds for classes paid by credit card are subject to a processing fee of 3.0% of the course cost. All refunds are issued by check.

Days in advance of course start date **Percentage of course cost refunded**

28 days or more	100%
21 – 27 days	75%
14 – 20 days	50%
7 – 13 days	25%
6 days or less (including no-shows)	No Refund