



## 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](mailto: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: (Required – Please Print Clearly)		
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 start date(s) in the Start Date column.**

Course:	Start Date	X	Recertification	X	Certification
CPR (AHA - BLS Healthcare Provider Course)			\$40.00		\$ 50.00
<b>EMT Courses:</b>					
First Responder (Groups by request only)		n/a	n/a		
EMT Basic Standard (3 Months / Twice Weekly)		n/a	n/a		\$750.00
EMT Basic Accelerated (14 Days / Daily)		n/a	n/a		\$1,500.00
Wilderness Upgrade for the EMT		n/a	n/a		\$500.00
Paramedic Standard Format		n/a	n/a		\$6,000.00
Paramedic Accelerated – Please download an application packet from our web site.					
<b>EMS Continuing Education Courses:</b>					
EMT Basic Refresher		n/a	n/a		\$200.00
Paramedic Refresher		n/a	n/a		\$350.00
		n/a	n/a		
<b>Practical Exams and Prep Courses:</b>					
BLS Practical Skills Exam (EMT-B)		n/a	n/a		\$150.00
National Registry Written Exam Prep Course		n/a	n/a		\$300.00
<b>Specialty Courses:</b>					
PHTLS (Pre-Hospital Trauma Life Support)			\$145.00		\$225.00
PALS (Pediatric Advanced Life Support)			\$115.00		\$185.00
ACLS (Advanced Cardiac Life Support)			\$115.00		\$185.00
<b>Course Subtotals:</b>			\$		\$
<b>Course Total (Re-Cert Subtotal+ Initial Cert Subtotal)</b>					\$

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 Paramedic, and Accelerated Paramedic classes. Paramedic payment schedules will be included in your acceptance letter.

**Intuit Payment Network:** This is our preferred method of payment. Send your payment directly from your bank account without sending us your account information. Registration is fast and easy and the service is free. Information and a link will be included in your invoice-by-email.

Please send me an invoice via email – I will pay using IPN

**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

**On line Debit or Credit Card (Visa, MasterCard, Discover or American Express):** If you do use a credit or debit card, please note the refund policy at the bottom of this page. If you have trouble with the on line payment system, please call us at 800-339-7914.

Please send me an invoice via email – I will pay by debit or credit card

**Company /Other:** If your employer or another individual 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:** If you cancel at least 14 days in advance of the start of your class you will receive a full refund. Notifications of cancellation less than 14 days in advance are subject to a cancellation fee of 20% of the cost of your course or \$50.00, whichever is less. Refunds for classes paid by credit card are subject to a processing fee of 3.5% of the course cost regardless of the course or the number of days in advance cancellation is given. All refunds are issued by check.