



All questions marked by an asterisk are required

Event Name: Emergency Medical Technician Course

*First Name:

*Last Name:

Preferred Name (Ex: Missy instead of Melissa or Drew instead of Andrew):

*Address:

*City:

*State/Province/Region:

*Zip/Postal Code:

*Phone Number: {XXX-XXX-XXXX}

*Work Phone:

*Email Address:

*Retype Email Address:

*Date of Birth:

*Last 4 Digits of Social Security Number:

*Emergency Contact (List Name, Phone, Relationship):

*I have previously attended a course with Centura Health PreHospital Services.: Yes No

Student Agreement:

I understand that should I fail to comply with any of the specified requirements of this application, or if I have made any misrepresentations in the information contained herein, that I could be dismissed or my certificate of completion withheld, without refund of tuition and/or fees paid. I further understand that acceptance into any course is left to the discretion of the Institute and available space. I also understand that submission of an application does not guarantee acceptance into the program.

In addition, I understand that I am responsible for payment of all fees and tuition upon registration, unless agency billing arrangements are in place. I further understand that I am responsible for providing my class apparel, books, and other personal items needed for successful course completion.

***Type your full name to acknowledge you have read and agree to the Student Agreement:**

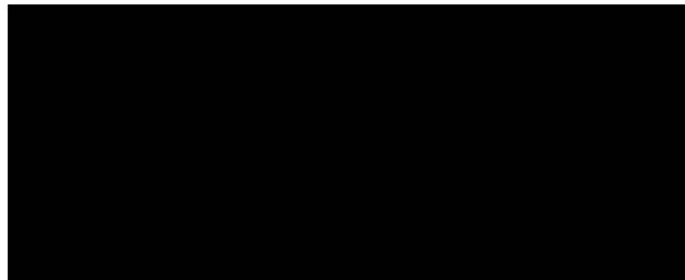
***Method of Payment:** Agency Billing (Prior approval required)

Check

Agency Name:

Agency Invoicing Email:

Agency Invoicing Phone Number:



Select Course(s):

EMT Basic Course \$1395.00

EMT-IV (requires current Colorado EMT certification or registration in ICFPD Basic Course) \$250.00

Basic ECG Course \$250.00

Please mail your registration and payment to:

ICFPD
7939 South Turkey Creek Road
Morrison, CO 80465