



EMS INSTRUCTOR UPDATE

Six (6) hours of continuing education will be issued for Instructor training.

FEE: \$55.00

DATES: **May 21, 2010**

TIME: Friday, 9:00 a.m. – 4:00 p.m.

LOCATION: Cuyahoga Community College
Western Campus
11000 Pleasant Valley Road
Parma, OH 44130
Room: G4A

CLASS SIZE: 50 Maximum

COURSE #: 17077

REGISTRATION: Call Gwen Kovach @ 216-987-5429 or
Marcey Virant @ 216-987-5060
to ensure an orderly registration process.

ADVANCED EMS TRAINING





EMS ADVANCED Training Registration Form

I will be attending: Fall _____ Spring _____ Summer _____

Please Print and Complete All Items

New Student Returning Student Last Attended:
Month Year

Personal Information				
SS# (required): _____				
Name _____				
<small>Last</small>	<small>First</small>	<small>MI</small>	<small>Maiden</small>	
Address _____				
<small>Number</small>		<small>Street</small>	<small>Apt. No.</small>	

<small>City</small>	<small>State</small>	<small>Zip</small>	<small>County</small>	
Phone _____				
<small>Area Code</small>		<small>Number</small>		
E-Mail _____				
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Ethnic Code	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian or Alaskan		
	<input type="checkbox"/> White (non-hispanic)	<input type="checkbox"/> Asian, Pacific Islander, Indian Subcontinent		
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____		
Date of Birth (required)	_____			
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Employment Information				
Dept _____				
Position _____				
Address _____				
<small>Number</small>		<small>Street</small>		

<small>City</small>	<small>State</small>	<small>Zip</small>	<small>County</small>	
Phone _____				
<small>Area Code</small>		<small>Number</small>		
FAX _____				
<small>Area Code</small>		<small>Number</small>	<small>Extension</small>	

Mail or FAX In Registration	
Payment Type	P.O # _____*
<input type="checkbox"/> Bill Company	<input type="checkbox"/> Money Order
<input type="checkbox"/> Check Enclosed	Exp. Date _____
<input type="checkbox"/> Master Charge	Exp. Date _____
<input type="checkbox"/> Visa	Exp. Date _____
<input type="checkbox"/> Discover	Exp. Date _____
V code _____	
Account Number _____	
Name on Card _____	
Signature _____	

Registration Information:

Please make checks payable to Cuyahoga Community College.

To register over the phone, please call (216) 987-5429 or 5060.

Mail registrations to Cuyahoga Community College; 11000 Pleasant Valley Rd.; Fire Trailer; Parma, OH 44130. Attn: Gwen

Fax registrations to (216) 987-5468.

***NOTE: If your dept. is paying, you must fax or include a copy of the purchase order or Letter of Intent.**

Course Reference Number					Course Title	D	B
1	7	0	7	7	EMS Instructor UPDATE	5/21/10	\$55.00

