



## EMS INSTRUCTOR UPDATE

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

FEE: \$50.00

DATES: **March 9, 2009**

TIME: Monday , 8:30 a.m. – 3:30 p.m.

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

CLASS SIZE: 50 Maximum

COURSE #:

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	
<b>Payment Type</b>	
<input type="checkbox"/> Bill Company	P.O # _____ *
<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Money Order
<input type="checkbox"/> Master Charge	Exp. Date _____
<input type="checkbox"/> Visa	Exp. Date _____
<input type="checkbox"/> Discover	Exp. Date _____
<b>V code</b> _____	
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
					EMS Instructor UPDATE		3/9/09	\$70.00

