



Educational Programs Participant Registration Form

This information is necessary to record your successful participation in this course and maintain records to verify your continuing education credit. If you are not a member of NAEMT, you will be given a free one year electronic introductory membership for your participation in this educational program. Email address is required for NAEMT electronic introductory membership. All fields with an (*) are **REQUIRED** to be completed in order to receive CAPCE continuing education credits. For more information about NAEMT, visit www.naemt.org.

*First Name	M.I.	*Last Name	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Organization

*Address1	Address2
<input type="text"/>	<input type="text"/>

*City	*State/Prv	*Postal Code	*Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Primary Telephone Number	Secondary Telephone Number	Fax Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Email Address (Required for Free NAEMT Electronic Membership)	*Date of Birth	Male	Female
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(NREMT or State Cert. Number is Required for CE Purposes)

*National Registry Number	*Expiration Date	*State Cert/Lic. Number	*State	*Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMR EMT AEMT EMT-I Paramedic PA RN MD Other

Pre-test	Post-test	*Pass/Fail
<input type="text"/>	<input type="text"/>	<input type="text"/>

***Select Course Type**

- AHDR
- AMLS
- EPC
- EVOS
- GEMS
- PEPL
- PHTLS
- PTEP
- Safety
- TCCC
- TCCC-AC
- TECC

*National Course Number	*Start Date	*End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Course Coordinator		
*Site ID	*First Name	*Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Course Location	City	State	Country
Organization	<input type="text"/>	<input type="text"/>	<input type="text"/>

Instructors and Coordinators: Please complete the course information with signatures before copying and distributing this form to participants.