

EMT COURSE APPLICATION

SCFD 26 - JANUARY 2010

Last Name:	
First Name:	
Mailing Address:	
E-Mail:	
Phone:	
Department:	
Dept. Address:	
Dept. Phone:	

PREREQUISITES:

- I am 18 years or older and have my GED or High School Diploma.
- I have current BLS Health Care Provider CPR certification – ATTACH COPY
- I can AND WILL provide proof of immunizations (HEP-B, MMR, Chicken Pox, TB) prior to class start date.

PAYMENT:

- Check Enclosed – Check #
- Department Purchase Order Number:

REFUND POLICY:

2 weeks prior to class start date a full refund will be issued. 2 weeks prior up to class start date refund will reduced by cost of materials and books. After class start date pro-rated refunds will be issued for medical or emergent withdrawals from class with SCFD 26 Chief approval.

Applicant Signature

Date

RETURN APPLICATIONS TO:

ATTN: Linda Larson
PO Box 376
Gold Bar, WA 98251

FAX or EMAIL APPLICATION IF USING PURCHASE ORDER FOR PAYMENT TO:

ATTN: Linda Larson
360-793-8998
llarson@snofire26.org