



McLean County Area EMS System

STUDENT RESISTRATION FORM

ITLS Provider

Date: _____

Please Print.

First Name: _____

Last Name: _____

Home Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

E-mail Address: _____

Phone Number: _____

Credentials: MD DO RN EMT-P EMT-B EMT-I Other: _____

Are you taking this course to satisfy the requirements of a Paramedic/Intermediate Course? YES ___ NO ___

Skill Level (Circle ONE only): Advanced Basic

State License Number: _____ Expiration Date: _____

Cost:

\$140 System Member \$165 Non-Member Book: \$49

Office use only

Pass ___ Fail ___ Grade ___ ___ Excellent

___ Good

___ Adequate

___ Inadequate