



McLean County Area EMS System

STUDENT RESISTRATION FORM

ITLS Renewal

April 15, 2012

0800-1600

Registration Deadline March 30, 2012

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: _____

Skill Level (Circle ONE only): Advanced Basic

State License Number*: _____ Expiration Date: _____

**NOTE: If you do not have a state license number, please enter your date of birth in the following format: MM/DD/YYYY*

Cost: Please circle appropriate cost

\$105 System Member \$125 Non-Member Book: \$50

Office use only

Pass ___ Fail ___ Grade ___ ___ Excellent

___ Good

___ Adequate

___ Inadequate