



McLean County Area EMS System

1609 Northbrook Dr. Ste. 8
Normal, IL 61761

Phone: (309) 827-4348
Fax: (309) 808-4235

STUDENT REGISTRATION FORM

Course Title _____

Date of Course _____ **Today's 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:** _____

Book needed: *Circle one*

YES NO

Books are available for purchase for ITLS and PEPP. Book included for Preceptor and ECRN. All other classes book prices are to be determined.
