

## **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 <a href="https://www.naemt.org">www.naemt.org</a>.

*First Name	M.I. *Last Name	Title
Organization		
*Address1	Address2	
The state of the s		
*City	*State/Prv *Postal Code	*Country
*Primary Telephone Number	Secondary Telephone Number	Fax Telephone Number
Email Address (Required for Free NAE	EMT Electronic Membership)	*Date of Birth Male Female
(NREMT or State Cert. Number is Requ	uired for CE Purposes)	
*National Registry Number	*Expiration Date *State Cert/Lic.	. Number *State *Expiration Date
EMR □ EMT □ AEMT □	EMT-I □ Paramedic □ PA □	RN □ MD □ Other □
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		Pre-test Post-test *Pass/Fail
*Select Course Type		
☐ AHDR *Nationa	al Course Number	*Start Date *End Date
☐ AMLS		
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□ EVOS	*Course Coordinator	
	*First Name	*Last Name
☐ GEMS *Site ID		
□ PEPL □ □		
☐ PEPL ☐ PHTLS		
☐ PEPL ☐ PHTLS ☐ PTEP  *Course	Location	
☐ PEPL ☐ PHTLS ☐ PTEP ☐ Safety	Location	State Country
☐ PEPL ☐ PHTLS ☐ PTEP ☐ Safety  *Course	Location	State Country