

Emergency Medical Teaching Services, Inc.  
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Pembroke, MA 02359  
(781) 826-2011  
Fax: (781) 826-8812



## CORE COMPETENCY PROGRAM REGISTRATION FORM

Pre-registration is required for all program offerings. Each program has pending National Core Competency Approval (NCC). Tuition may be paid by check, money order or credit card. Credit card purchases made be made over the telephone. Registration may also be completed by contacting our offices at: (781) 826-2011 Monday-Thursday 9:30 AM to 4:30 PM. Our offices are closed on Fridays.

Indicate the program(s) you wish to attend:

Program Title: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

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Name: \_\_\_\_\_ EMT#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Program Fee: \$ \_\_\_\_\_

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ (enclose) Money Order#: \_\_\_\_\_ (enclose) Dept. PO# \_\_\_\_\_

Mastercard  Visa

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CCUV #: \_\_\_\_\_ (3 digit code on rear of card)

\_\_\_\_\_ Signature (required for registration)