

FINGER LAKES REGIONAL EMS COUNCIL, INC.
63 Pulteney Street, Geneva NY 14456
315 789-0108 or 1-800-357-3672

EMS Course Application

Name: _____ Date of Birth: _____ Date: _____

Address: _____ Town/State/Zip Code: _____

Phone # _____ Email Address _____

EMT # : _____ Level: _____ Expiration: _____

Type of Course (check one): Original : _____ Refresher: _____ CORE Content: _____

Location of Course: _____

Level of Course (check one): CFR _____ EMT _____ AEMT _____ CC _____

Applicant's Affiliation with an EMS Agency

Check one: Current Member _____ Applied for Membership _____ * Not Affiliated _____

*Non-Affiliation with an agency will be charged a tuition fee based on level of course

Agency Name _____ Agency Code # _____

General Prerequisites are listed on back of form

PAYMENT FOR TEXTBOOKS AND OTHER COURSE EXPENSES DUE THE FIRST NIGHT OF CLASS.
FORM OF PAYMENT: CASH, CHECK, MONEY ORDER OR CREDIT CARD (VISA OR MASTERCARD)

Mail of fax completed applications to: Finger Lakes Regional EMS Council, Inc.
63 Pulteney Street, Geneva, NY 14456 or Fax to: 315 789-5638