

Rescue Training, Inc.
9A Mall Terrace
Savannah, GA 31406

**2016 Refresher Course
Student Enrollment Form**

Refresher Dates: _____ Date of Birth: _____

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Employer: _____ Position: _____

Choose all that apply:

Basic 24-hours (\$175) _____ Intermediate/AEMT 36-hours (\$200) _____ Paramedic 48-hours (\$250) _____

ACLS recert (\$75) _____ BLS recert (\$25) _____

TRAINING HISTORY:

Level of EMT: Paramedic ___ Intermediate/Advanced ___ Basic ___

NR Certification No.: _____

NR Expiration Date: _____

State of Certification: _____ State Number _____

State Expiration Date: _____

CPR Expiration Date: _____ ACLS Expiration Date: _____