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

Shift-Friendly Refresher Course Student Enrollment Form

**(DAYS) Please select the days you	would like to attend				
	(1) 18 th (2) 21 st (3) A-S	HIFT October 3 rd (1)	9 th (2)	12 th (3)	15 th (4) 18 th (5)
B-SHIFT September 10 th	(1) 13 th (2) 19 th (3) B-SI	HIFT October 1 th (1)	4 th (2)	10 th (3)	16 th (4) 19 th (5)
C-SHIFT September 11 th	(1) 14 th (2) 17 th (3) C-SH	HIFT October 2 ND (1)	5 th (2)	8 th (3)	11 th (4) 17 th (5)
Name:	SS#:	Date of l	Birth:		
Address:				_	
City:	State:	Zip: _		_	
Home Phone:	Cell Pho	ne:			
E-mail Address: _					
Employer:	ployer: Position:			_	
Choose all that apply:					
Basic 24-hours (\$140)In	termediate 36-hours (\$175)	_Paramedic 48-hours (\$	\$200)		
ACLS recert (\$75)	BLS recert (\$25)				
Acceptable forms of payment in	nclude:				
Money Order, Cashier's Check	, Business/Company Check, VIS.	A/MasterCard/Discover	, and PayPa	al online	
TRAINING HISTO	ORY:				
NR Certification No.: NR Expiration Date:					
State of Certification:	State Number	State Expiration Date	e:		
CPR Expiration Date:	ACLS Expiration	Date:			

^{**}EMT's must attend Days 1-3 of any shift EMT-1's must attend Days 1-4 of any shift Paramedics must attend Days 1-5 of any shift