

Sent By: _____ Date: _____
(PLEASE PRINT)

PLEASE REGISTER MODULE A AND B AS A SINGLE COURSE

COURSE INFORMATION- MODULE A

Date:	
Location:	
Instructor:	
Instructor No:	
Phone:	
Email:	

COURSE INFORMATION- MODULE B

Date:	
Location:	
Instructor 1:	
Instructor No:	
Phone:	
Email:	
Instructor 2:	
Instructor No:	
Phone:	
Email:	

Date Approved: _____ Course Number: UPON ROSTER RETURN Approved By: _____

SEND REGISTRATION FORM TO REGIONAL EMS OFFICE

FAX: 334-671-1685

EMAIL: mcole@seaems.com