



EMS COUNCIL INC.

RAPPAHANNOCK EMS COUNCIL  
 435 Hunter Street, Fredericksburg, VA 22401  
 540-373-0249; FAX: 540-373-0536

## CEU TRAINING COURSE APPLICATION

**Training Course Title:** EMT-B Recert February 1 – February 15, 2014

Name: *(please print legibly)* \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (c): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (h): \_\_\_\_\_

Email: \_\_\_\_\_

Certification Level: (**circle one**) EMT- B    EMT-E    EMT-I    EMT-P

This is to certify that I meet all requirements of the Rappahannock EMS Council, Inc. and the VA Office of Emergency Medical Services, which are necessary to enroll in this course.

Student Signature: \_\_\_\_\_ Certification # \_\_\_\_\_

**Regional Statistical Data Required for Funding**

County of Residence: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Agency Affiliation *(if applicable)*: \_\_\_\_\_

Date:	Topic:	Area #:	Hours:
<b>Total Number of Hours:</b>			
<b>\$7.50 per credit hour:</b>			<b>x 7.50</b>
<b>Total Amount Due:</b>			

**NOTE: Fee is non-refundable if registrant cancels within 7 days of course.**

**REMS Council Check Policy:** *If your check is dishonored or returned for any reason, our bank will electronically debit your account for the amount of the check plus a processing fee of \$50.00 beginning December 3, 2010.*

**Registration with specific dates, along with payment required in advance. No walk-ins permitted.**