

**NAACS TRAINING COURSE
REGISTRATION FORM**

The information on this form is to be gathered for all participants. Please be sure this is completed in its entirety!
This is very important for our records.

Current Member of NAACS prior to registration: Yes _____ No _____ Membership status will be verified.

Location / Dates of Course you are registering for: _____

Amount Paid: _____ Method of Payment: _____

Personal Information:

Please circle one: Mr. Mrs. Miss. Ms.

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Flight Program / Company Affiliation: _____ Years of Experience: _____

Supervisor: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Mailing Address: Home Business

Daytime Phone :(____) _____ Work Phone :(____) _____

Fax :(____) _____ E-Mail Address :(Required) _____

Certification / Licensure Information (REQUIRED FOR CECBEMS CREDIT. HOME ADDRESS MUST MATCH INFORMATION ON FILE FOR YOUR LICENSURE / CERTIFICATION)

Are you (State) Certified? YES NO If yes, State of Certification / Licensure: _____

State Certification / Licensure Type (EMT-B, EMT-P, EMD, etc.): _____

Certification / Licensure Number: _____ Expiration Date: _____

Are you (Nationally) Registered? YES NO

National Registration / Licensure Type (NREMT-I, NREMT-P, etc.): _____

Certification / Licensure Number: _____ Expiration Date: _____

What you would like to gain from this course? _____

Please fax (866) 827-2296 or mail this completed registration form to the Course Coordinator for the course you are registering for as soon as possible. Please call NAACS at 1-877-396-2227 if you have not received your training material 48 hours prior to your course date.