



Emergency Medical Service Provider Registration Form

Agency Name:	Contact Name:
Phone:	Email:
Address:	

Please check correct class:

- EMT Paramedic Tech Diploma
- EMR/EMT Part 1
- EMT Part 2
- AEMT & AEMT Clinical
- EMR (First Responder) Refresher
- EMT Refresher
- AEMT Refresher
- Paramedic Refresher
- RN to EMT Transition
- Ambulance Driving
- CPR Classes (BLS Healthcare Provider, Heartsaver First Aid, Heartsaver CPR/AED, Heartsaver First Aid/CPR/AED, CPR Instructor {Initial and Renewal})
- Other (Please Specify) _____

Email or Postal Mail Registration & Payment Authorization Forms to:

irwink@westerntc.edu
Western Technical College
400 7th St N -K211
La Crosse, WI 54601
Office: 608-785-9295

If a student is unable to attend, the student must withdraw by calling or emailing Katie Irwin at 608-785-9295 or irwink@westerntc.edu prior to the start of the class.

All information requested on the form below must be included for registration to occur.

MUST indicate catalog & section #:	Start Date:	Location:
Western Student ID #:	Name (First, MI, Last)	Former Name/s:
Birthdate:	Street Address	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	City	State, Zip
Ethnicity - _____	Telephone: Home #:	Work #:
	Email Address:	

MUST indicate catalog & section #:	Start Date:	Location:
Western Student ID #:	Name (First, MI, Last)	Former Name/s:
Birthdate:	Street Address	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	City	State, Zip
Ethnicity - _____	Telephone: Home #:	Work #:
	Email Address:	

MUST indicate catalog & section #:	Start Date:	Location:
Western Student ID #:	Name (First, MI, Last)	Former Name/s:
Birthdate:	Street Address	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	City	State, Zip
Ethnicity - _____	Telephone: Home #:	Work #:
	Email Address:	

MUST indicate catalog & section #:	Start Date:	Location:
Western Student ID #:	Name (First, MI, Last)	Former Name/s:
Birthdate:	Street Address	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	City	State, Zip
Ethnicity - _____	Telephone: Home #:	Work #:
	Email Address:	

MUST indicate catalog & section #:	Start Date:	Location:
Western Student ID #:	Name (First, MI, Last)	Former Name/s:
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	City	State, Zip
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