



Emergency Medical Service Provider Registration Form

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

Please check correct class:

- Emergency Medical Technician (Initial)
- EMT Refresher
- EMR to EMT Part 1 / Initial First Responder
- EMR (First Responder) Refresher
- Adv EMT Refresher
- Paramedic Refresher
- EMT Part 2
- 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) _____

- ◆ List any persons you would like to enroll in the course. ***Please complete the attached "Authorization for Payment" form and submit both forms to:***

**Western Technical College
 400 7th Street N, K-211
 La Crosse, WI 54601
 irwink@westerntc.edu**

Please call (608) 785-9295 with questions

If a student is unable to attend, the student must withdraw by calling Registration at (608) 785-9553, prior to the start of the class.

Email: EnrollServices@westerntc.edu

- ◆ 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
Ethnic - _____	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
Ethnic - _____	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
Ethnic - _____	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
Ethnic - _____	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
Ethnic - _____	Telephone: Home #:	Work #:
	Email Address:	

Return to:
Western Technical College
400 7th Street N, K-211
La Crosse, WI 54601
irwink@westernnc.edu