



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)	
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)	
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)	
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)	
Birthdate:	Street Address	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	City	State, Zip
Ethnic - _____	Telephone: Home #:	Work #:
	Email Address:	

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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	City	State, Zip
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Return to:
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