



## Emergency Medical Service Provider Registration Form

**Agency Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Please check correct class:**

- Emergency Medical Technician
- EMT Refresher
- EMR to EMT Part 1
- 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**  
**Attn: EMS Dept., K-211**  
**Email: [bergp@westerntc.edu](mailto:bergp@westerntc.edu)**  
**Fax: (608) 785-9087**

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](mailto:EnrollServices@westerntc.edu)**

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

<b>MUST indicate catalog &amp; section #:</b>	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:	

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

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

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

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

**Return to:** Western Technical College  
Att. EMS Dept., K-211  
Email: [bergp@westerntc.edu](mailto:bergp@westerntc.edu)  
Fax (608) 785-9087