



MEDICAL TRANSPORTATION SERVICE

2431 Greenup Ave.
Ashland, KY 41101

KY (606) 329-9199 OH (740) 532-3777 WV (304) 523-1000

CLASS REGISTRATION

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Social Security #: _____ DOB: _____

High School: _____ Graduation Date: _____

or

GED Completion Date: _____

Please Check One:

____ First Responder (Cost: \$300.00) ____ EMT—Basic (Cost: \$575.00)

____ CPR (Cost: \$25.00) ____ EMT Continuing Education (\$100.00)

____ CPR Instructor (Cost: \$150.00) ____ CPR & First Aid (\$35.00)

Day or Evening Class? _____ Class Start Date: _____ Class Location: _____

How did you hear about us: _____

Shirt Size (EMT Class Only): S M L XL 2X 3X _____

Before you can complete registration for **EMT-Basic class**, you must pay \$125.00 (non-refundable). This will pay for your books which you will receive upon payment. Also complete the attached background check and return it **before** the first day of class. If you have a felony on your background check, the state prohibits you from working as an EMT-B. You must also be physically fit in order to be an EMT-B.

All other classes must be paid in full when registering.

It is mandatory that you have the following information with you on the first day of **EMT—Basic class**: **high school diploma or GED, social security card , a driver's license and have an established email account**. If you do not have the original documents, legible copies are acceptable. Also, EMT class participants should **be prepared to pay the balance of your account (non-refundable)**.

Signature: _____ Date: _____

Cost: _____ Payment: _____ Balance Due: _____

