

PIERPONT COMMUNITY & TECHNICAL COLLEGE
REGISTRATION FORM
EMERGENCY MEDICAL TECHNICIAN – INTERMEDIATE (EMT-I) PROGRAM

Form EMT-I - 12/08

(Please Print)

NAME: _____

SOCIAL SECURITY #: _____ / _____ / _____

ADDRESS: _____

BIRTH DATE: _____

_____/_____/_____
State Zip County

E - MAIL ADDRESS: _____

HOME PHONE: (____) _____

WORK PHONE: (____) _____

EMPLOYMENT/EXPERIENCE

Is your employer paying for your class? Yes No

Do you currently hold an EMT certification?
If not, please contact us at (304) 367-4920 for options.

Current Employer: _____

Employer Address: _____
Street

City State Zip

Training Location: _____

Training Date: _____

**In order to secure a seat in this class, please mail your payment, along with a completed registration form, to:
Pierpont Community & Technical College, Center for Workforce Education, 320 Adams Street, Suite G01, Fairmont, WV 26554.
Payment may be made by Credit Card, Check or Money Order.**

Registration: Payment or payment arrangements (HEAPS, WIA, etc.) are required prior to the start of class. Payment insures your seat in the class or your placement on a waiting list. Payment from wait-listed individuals, who do not obtain a seat in the class, will be promptly returned.

The cost of the EMT-I Training Program is \$2,000.00.

Method of Payment: (Check method utilized)

- ____ Check or money order payable to Pierpont Community & Technical College
- ____ Credit Cards (Visa, MasterCard, American Express, Discover (use form below))
- ____ Employer Sponsored
- ____ Financial Aid (HEAPS, WIA, etc)

Registration Policy: Due to capacity of 30 per class, registration is on a first-come first-serve basis. First-come first-served status is determined by receipt of this completed registration form. Persons not obtaining a seat in their chosen class will be wait-listed for the next available opening.

Credit Card Authorization: *If paying by credit card, please complete the following information.*

Charge to: VISA, Discover, American Express, or MasterCard (**Please Circle Card Used**).

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CARD NUMBER

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PRINT YOUR NAME AS SHOWN ON CARD

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AMOUNT TO BE PAID

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EXPIRATION DATE

Sign Your Name Here

I HEREBY AGREE TO PAY THE SUM SET FORTH ABOVE TO THE BANK, WHICH ISSUED MY CARD IN ACCORDANCE WITH THE TERMS OF THE CREDIT CARD FOR THE PURCHASE OF GOODS AND SERVICES.

Return completed registration form to: Pierpont C&TC, Center for Workforce Education, 320 Adams Street, Suite G01, Fairmont, WV 26554
Phone: 304-367-4920 Fax: 304-367-2717

Signature _____ Date _____