



Course Registration Form

Please fill out the course registration form completely and return to us by one of the following methods:

Hand Deliver or Mail to: Pelham Training – 7552 Navarre Pkwy Suite 47 – Navarre FL 32566

Fax to: (850) 939-7329 **Phone:** (850) 939-7368

Scan and Email to: kslaybaugh@pelhamtraining.com with “Course Registration Form” as your subject

Student Information:		
Drivers License Number:	Social Security Number:	
First Name:	MI:	Last Name:
Home Address:		
City:	County:	State:
ZIP/Postal Code:		
Cell Phone:	Work:	Home:
Email Address: (<u>REQUIRED</u> - PLEASE PRINT CLEARLY):		
Date of Birth(mm/dd/yy):	Gender:	
State in which you will seek certification:		
Do you have any learning disabilities or handicap we need to be made aware of? Yes No		
If yes, please describe:		
How did you hear about us?		
Emergency Contact Information:		
Name:	Relationship:	
Address:	Phone:	

If you currently hold an EMT-B, EMT-A, EMT-I or EMT-P license, please complete the following section.

State of Current Licensure:	Level of License:
License Number:	License Expiration Date:
NREMT Number (if applicable):	
NREMT Re-Registration Date (if applicable):	

Course Information: Please indicate which course(s) you would like to take and be sure to indicate your preferred course start date(s) (from our course calendar) in the Start Date column.

Course:	Start Date	X	Recertification	X	Certification
CPR			\$35.00		\$45.00
Refreshers:					
BLS Refresher		n/a	n/a		\$200.00
ALS Refresher		n/a	n/a		\$350.00
Prep Courses:					
ALS National Registry Written Exam Prep Course		n/a	n/a		\$350.00
Tactical Courses:					
Urban Survival I		n/a	n/a		\$100.00
Officer Down		n/a	n/a		\$300.00
TCCC (Tactical Combat Casualty Care)		n/a	n/a		\$300.00
SABC (Self Aid Buddy Care)		n/a	n/a		\$75.00
Specialty Courses:					
Blood-borne Pathogens		n/a	n/a		\$35.00
PHTLS (Pre-Hospital Trauma Life Support)			\$75.00		\$175.00
AMLS (Advanced Medical Life Support)			\$75.00		\$175.00
ACLS (Advanced Cardiac Life Support)			\$75.00		\$175.00
PALS (Pediatric Advanced Life Support)		n/a	n/a		\$175.00
Basic EKG		n/a	n/a		\$100.00
12 – Lead		n/a	n/a		\$75.00
Other					
			Re-Certs		Initial Certs
Course Subtotals:			\$		\$
Course Total (Re-Cert Subtotal+ Initial Cert Subtotal)					\$

I agree to comply with the policies and procedures of Pelham Training. I understand that if I knowingly provide false information, my enrollment may be revoked, and may be cause for dismissal from the program.

Signature: _____

Date: _____

Methods of Payment: Payment is due in full in advance of your class start date.

Pay On Line by Credit Card (Visa, MasterCard or Discover): Upon receipt of your registration form, Pelham Training will send an invoice via e-mail for your class(es). Simply click on the payment link provided in your e-mail to create an account on our secure payment page. Payment of the invoice by the invoice due date will guarantee a roster spot for you provided the course has not yet filled to capacity.

Please send me an invoice via e-mail

Check or Money Order: Please make checks payable to Pelham Training. (Personal checks are accepted however a \$25.00 fee will be assessed by Pelham Training for checks returned due to insufficient funds.)

I am mailing my form and my check is enclosed I am faxing my form and my check will follow in the mail

Company /Other: If a company, government entity or educational institution is paying for your course(s) please complete the following section. All fields are required. Please also include a purchase order for the training or a letter from your supervisor or training officer authorizing and accepting responsibility for the payment of the training.

Business Name:

Contact Name:

Email Address:

Address:

City:

State/Province:

ZIP/Postal Code:

Country:

Phone Number:

Fax Number:

Cancellation Policy: Students who need to cancel and do so in advance will be entitled to a refund or partial refund according to the following schedule. Refunds for classes paid by credit card are subject to a processing fee of 3.0% of the course cost. All refunds are issued by check.

Days in advance of course start date

Percentage of course cost refunded

28 days or more	100%
21 – 27 days	75%
14 – 20 days	50%
7 – 13 days	25%
6 days or less (including no-shows)	No Refund