

Accelerated EMT-Basic for HealthCare Professionals Application

Application Date: _____

Name: _____

Address: _____

City: _____ State, Zip: _____

E-mail: _____ Phone () _____

CPR Expiration Date: _____

RN/PA/MD Certification: State: _____ Number: _____

Payment Information

Method of Payment: (check one)

Check/Money Order

Payable to Avera McKenna School of EMS

Credit Card Amount to be charged \$ _____

Visa

MasterCard

16 digit account # _____

Expiration date: _____ 3-digit verification code: _____

Card holder name: _____

Authorized signature: _____

Application Fees

(Must be included with application)

Accelerated Basic
Tuition - \$325

CPR for Healthcare Provider
 Tuition - \$35

Cancellation Policy:

Cancellations received prior to the first class will receive a full refund minus a \$25 processing fee. Cancellations after the first class session will result in forfeiture of the entire registration fee. All cancellations must be made in writing. Send cancellation notification to:

Avera McKenna School of EMS
800 E 21st Street
Sioux Falls, SD 57117

Or
ems@mckennan.org

Applications will not be accepted without payment.

Mail application to:

Avera McKenna School of EMS
800 E 21st Street
Sioux Falls, SD 57117