

Accelerated Paramedic for HealthCare Professionals Application

Application Date: _____

Name: _____

Address: _____

City: _____ State, Zip: _____

E-mail: _____ Phone () _____

CPR Expiration Date: _____ ACLS Expiration Date: _____

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

EMT-B Certification: State: _____ Number: _____

NREMT-B Certification: 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 Paramedic
Tuition - \$1,900
(due 1st day of class)
- Application Fee - \$250
(applied to tuition)
- CPR for Healthcare Provider
 Tuition - \$35
(If CPR Certification is needed,
Please attach CPR registration form)
- ACLS Provider Renewal
 Tuition - \$75
(If ACLS Certification is needed,
Please attach ACLS registration form)

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 Or
800 E 21st Street ems@mckennan.org
Sioux Falls, SD 57117

Applications will not be accepted without payment.

Mail application to:
Avera McKenna School of EMS
800 E 21st Street
Sioux Falls, SD 57117