



Emergency Medical Services Continuing Education Registration

Complete this form and mail or fax with payment to:
Durham Technical Community College
525 College Park Road, Hillsborough, NC 27278
Fax: 919-536-7297 / Phone: 919-536-7238 x4205
ems@durhamtech.edu

- Payment or payment authorization is required at time of registration and must be received before the first class.
- Receipts or confirmations will not be sent for payments that are faxed or mailed.
- The refund policy can be found at durhamtech.edu/continuing-education/cancellations-and-refunds

Last name: _____ **First name:** _____ **MI:** _____

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

County: _____ Please check if this is a new address or change in information.

Home: (____) _____ **Business:** (____) _____ **Ext.:** _____ **Cell:** (____) _____

Colleague ID #: _____ (assigned by college if new student) **Date of birth:** _____

Email address: _____ **Social Security number:** _____

Public safety agency: _____ **Position or job title:** _____

Highest education level completed

- Non-graduate (highest grade completed) _____
- GED
- High school diploma
- Adult high school
- Vocational diploma
- Associate's degree
- Bachelor's degree
- Master's degree or higher

Gender

- Female Male

Race (check all that apply)

- American/Alaska native
- Asian
- Black/African-American
- Hawaiian/Pacific Islander
- Hispanic/Latino
- Non-Hispanic/Non-Latino
- White

EMS P# (if applicable): _____

Employment status

- Full time (40 or more hours/week)
- Part time (39 or fewer hours/week)
- Retired
- Unemployed (not seeking)
- Unemployed (seeking)

Course Number	Course Title	Location	M	T	W	Th	F	Sa	Su	Start Time	End Time	Start Date	End Date	Cost

- By checking this box, I certify I am 18 years or older and not enrolled in high school (a release form from your high school is required otherwise) and also authorize Durham Tech to release my grades to my employment agency or the credentialing agency as needed for certification purposes only.
- My signature attests that I am actively affiliated with the public safety agency listed and that I hold the job classification indicated.

Student signature

Date

\$ _____ **Registration fee paid received from student** _____ or _____

\$ _____ **Registration fee billed to sponsoring agency** _____

\$ _____ **Books** _____ **Other** _____ **Check #:** _____ **Bank:** _____

Credit card #: _____ AMEX _____ DISCOVER _____ MC _____ VISA _____

Cardholder name: _____ **Exp. date:** _____ (MM/YY) **Credit card security #:** _____