



STUDENT REGISTRATION / PROFILE

NAME: _____

ADDRESS: _____ TOWN: _____

ZIP CODE: _____ **CERT RE-CERT**

PHONE: (D): _____ (E): _____ EMR EMT AEMT PM CPR

CERTIFICATION NO.: _____ EXP. DATE: _____ CPR EXP. DATE: _____

SERVICE AFFILIATION: _____

OCCUPATION: _____

PHYSICAL HANDICAPS/LIMITATIONS: _____

I am aware of the scope of this training program and shall make no claims against the sponsoring agency, the primary instructor or, any of his agents/employees, for any injuries that I may sustain as a result of participating in this training program. As well, all information contained herein is true and accurate.

APPLICANT'S SIGNATURE: _____ DATE: _____

Email address: _____

PAYMENT OR PURCHASE ORDER MUST ACCOMPANY EACH APPLICATION OR GROUPS OF APPLICATIONS.

**MAKE CHECKS PAYABLE TO: "CTTCI", and SEND TO:
CT Training & Consulting Institute, P.O. Box 911, Portland, CT 06480**

_____ EMT Hybrid Refresher – Oct. 14, 2016 **\$225** – Return by 10/07

_____ EMR Hybrid Refresher – Oct. 14, 2016 **\$150** – Return by 10/07

PO #: _____ Personal Check #: _____ Date: _____ Cash: _____