



**EMT-B Registration Form (please print)**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

**EMT Intermediate Course**

***Class Date:*** \_\_\_\_\_

***\*\*Please attach a copy of your CPR and High School Diploma or GED equivalent to be eligible for registration.***

**Please forward to:**

**Attn: Tom Geraci, Education Coordinator  
Advanced Medical Transport  
Training & Research Institute  
1718 N Sterling Ave  
Peoria, IL 61604**