

National EMS Academy Enrollment Form Continuing Education 2011

Please complete this form and return with payment to:

Heidi Luquette
National EMS Academy
2916 North University Ave
Lafayette, LA 70507

(Please print)

Name: _____

Address: _____

Telephone (Please include area code): _____

Email address: _____

My Certification Expires: _____

My National Registry Number is: _____ My State Registry Number is: _____

(Check one)

EMT-Basic _____ EMT-Intermediate _____ EMT-Paramedic _____

Make checks/money orders payable to "National EMS Academy"

Credit and Debit Cards are accepted.

EMT-Basic - \$150 EMT-Intermediate - \$150 EMT-Paramedic - \$250