

National EMS Academy Enrollment Form Continuing Education

Please complete this form and return with payment to:

Laura Duplantis
National EMS Academy
PO Box 98000
Lafayette, LA 70509

(Please print)

Name: _____

Address: _____

Telephone (Please include area code): _____

Email address: _____

(Check one)

EMT-Basic _____

EMT-Intermediate _____

EMT-Paramedic _____

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

EMT-Basic - \$150

EMT-Intermediate - \$150

EMT-Paramedic - \$250