

PAEMS Course Registration Form 2024

All courses, unless otherwise noted, will be held at the PAEMS System offices at 304 E. Illinois Ave. Peoria, IL 61603. There may be a minimum number of students to hold classes and Peoria Area EMS reserves the right to alter class size and locations. It is recommended that all students be signed up at least 2 weeks prior to the start date to ensure that the minimum number of students is met and to get all books and supplies ordered for the course. Pre course materials may be mailed to you.

Name	Level of care (MD, RN, Paramedic, EMT)					
Address		City				
State	Zip Code	Phone Numb	er	Bi	rthday	
Email						
Visa	Master Card	Discover Card	Cashier's Ch	eck Mone	ey Order Cash	
Debit/ Cred	it Card Number		Ex	p mm/yy	Security Code	
Please check is a nonrefun	st pay by credit card, cas the box for the course t dable fee to hold the sti ition and will not be ref	hat applies and included and included the land in the	de payment (if ap e EMT and Param	plicable) when y edic course. Th	ou mail the registrate registration fee wi	tion form. There
ACLS Ini	tial provider and Refr	esher course \$160	includes curren	t ACLS book.		
Ma	y 8, 2024, 9:00am	September	11, 2024, 9:00ar	n		
PALS Ini	tial provider and Refr	esher course \$160	includes curren	t PALS book.		
Ma	arch 13, 2024, 9:00an	n Nov	ember 13, 2024	, 9:00am		
ITLS 1 d	ay Refresher- \$160 in	cludes the current	TLS book.			
Fe	ebruary 7, 2024, 9:00a	am (October 9, 2024	, 9:00am		
ITLS 2 d	ay Initial provider- \$1	90 includes the cur	rent ITLS book.			
Fe	ebruary 7-8, 2024, 9:0	0am				
	e \$950 - \$50 nonrefur				nis form	
□ Janua	ry 23-May 14, 2024, 6	::00pm-10:00pm (1	uesday& Thurso	day)		
July 3	0-November 21, 2024	4 6:00pm-10:00pm	(Tuesday & Thu	rsday)		
Paramedic (course \$7,000- <mark>\$100</mark> r	onrefundable regi	stration fee due	upon submiss	ion of this form	
Janua	18-October 3, 202	4 8:00am-4:30pm (Meets every Th	ursday)		

All correspondence must be mailed or faxed to—Peoria Area EMS Office c/o Trey McCoy @ Wozniak Learning
Facility 530 NE Glen Oak Ave Peoria, IL 61637. Email trey.a.mccoy@osfhealthcare.org Phone (309)655-6419
Fax (309)655-2090