

PAEMS Course Registration Form 2024

Fax (309)655-2090

Please read and complete this form. Incomplete forms will not be accepted!

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 required that all students be signed up at least 2 weeks prior to the start date to ensure all books and supplies are ordered for the course. Books will be sent to you as soon as payment is processed (EMT & Paramedic books are not mailed).

| Name | | Level of care (EMS Level or Student) | |
|----------------------------|--|--------------------------------------|---|
| Address | | City | |
| State | Zip Code | Phone Number | Birthday |
| Email | | | |
| Visa | Master Card | Discover Card Cashier's C | Check Money Order Cash Bill Agency |
| Debit/ Credit | t Card Number | | Exp Date |
| Security Cod | e Bill to <i>A</i> | gency (Agency & Contact) | |
| Please check nonrefundable | the box for the course e fee to hold the studen | e that applies and include paymen | out to PAEMS. No personal checks will be accepted on twhen you mail the registration form. There is a lic courses. The registration fee will be applied to the the course for any reason. |
| ACLS Init | tial provider and Refre | esher course \$160 includes curre | ent ACLS book. Full payment due upon receipt. |
| May | y 8, 2024, 9:00am | September 11, 2024, 9:00 | am |
| PALS Init | tial provider and Refre | esher course \$160 includes curre | ent PALS book. Full payment due upon receipt. |
| Ma | irch 13, 2024, 9:00am | November 13, 202 | 4, 9:00am |
| ITLS 1 da | ay Refresher- \$160 inc | ludes the current ITLS book. Ful | payment due upon receipt. |
| Fe | bruary 7, 2024, 9:00a | October 9, 202 | 4, 9:00am |
| ITLS 2 da | ay Initial provider- \$19 | 0 includes the current ITLS book | - Full payment due upon receipt. |
| — Fe | bruary 7-8, 2024, 9:00 |)am | |
| EMT Cours | e \$950 - <mark>\$50 nonref</mark> u | ndable registration fee due upor | submission of this form. |
| Januar | y 23-May 14, 2024, 6 : | 00pm-10:00pm (Tuesday& Thur | sday) |
| July 30 | 0-November 21, 2024 | 6:00pm-10:00pm (Tuesday & Th | nursday) WAITING LIST ONLY! |
| Paramedic c | ourse \$7,000- <mark>\$100</mark> n | onrefundable registration fee du | e upon submission of this form. |
| L Augus | st 30, 2024 – May 30, | 2025 (didactic portion ends) | |
| | | | S Office c/o Trey McCoy @ Wozniak Learning |
| Facility | 530 NE Glen Oak Ave | Peoria, IL 61637. Email trey.a.m | accoy@osfhealthcare.org Phone (309)655-6419 |