



RAPPAHANNOCK EMS COUNCIL
 435 Hunter Street, Fredericksburg, VA 22401
 540-373-0249; Toll Free: 877-892-9465;
 FAX: 540-373-0536

TRAINING COURSE APPLICATION

Training Course Title: EMT-B EVALUATOR COURSE

DATE – CIRCLE ONE - July 16 @ REMS; August 6 @ Fauquier Training

Name: (please print legibly) _____ Date: _____

Address: _____ Phone (h): _____

City: _____ State: _____ Zip: _____ Phone (w): _____

Email: _____

Certification Level: (circle one and attach copy of card) EMT-B EMT-E EMT-I EMT-P

DOB: _____ Certification # _____

This is to certify that I meet all requirements of the Rappahannock EMS Council, Inc. and the VA Office of Emergency Medical Services, which are necessary to enroll in this course.

Student Signature: _____

Regional Statistical Data Required for Funding

County of Residence: _____ Gender: _____ Age: _____ Race: _____

Agency Affiliation (if applicable): _____

Course Fees:

Course fees as announced must accompany application unless the student's EMS agency agrees to pay course costs upon presentation of a statement from the Council Office. *EMS agency billing is a service available only to members of REMS Council agencies.* By signature below, the

_____ agrees to pay course fees even if the student fails to successfully
 (insert agency name)
 complete the course.

Signature

Print Name

Office Held (President or Rescue Chief only)

NOTE: Fee is non-refundable if registrant cancels within 7 days of course.

