



University Health Services

EMS TRAINING COURSE REGISTRATION FORM

For all EMS credit (Kines X98X) and non-credit training programs except Kinesiology 403
Copy as needed

Course Name

Course Date

Last Name

First Name

Student ID #

Email

Street Address

City

County

State

Zip

Home Phone Number

Work Phone Number

PSU Student Semester Status:

Full-Time

Part-Time

Continuing Ed

Non-Student

DOH Certification Level:

1st Responder

EMT

Paramedic

Other _____

DOH Certification Number

Expiration Date

DOB

Region

Amount Enclosed: _____ _____

Make checks payable to Penn State or sign at X for course fees to be billed to your student account

Service Affiliation: _____

Chief/Manager Name and Signature: _____

Only required if your service is directly forwarding monies to Penn State to pay your fees.