



Semester: Fall \_ Spring \_ Summer \_ Year: \_\_\_\_\_



## EMT-BASIC CLASS REGISTRATION FORM

EMERGENCY MEDICAL SERVICES  
UNIVERSITY OF MASSACHUSETTS, AMHERST

Name: \_\_\_\_\_  
Last First M.I.

Local Address: \_\_\_\_\_  
Street / Apt / PO Box

City / Town State Zip

Permanent Address: \_\_\_\_\_  
Street / Apt / PO Box

City / Town State Zip

Home Phone: ( ) - Cell Phone: ( ) -  
Please circle preferred phone number.

Email: \_\_\_\_\_ @ \_\_\_\_\_

Male ☐ Female ☐

Additional / Emergency Contact Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Successful completion of this course does not guarantee Massachusetts certification as an EMT-Basic. All **successful** applicants are, however, eligible to take the Massachusetts EMT-Basic certification exam.

*The total cost of the EMT Class is \$900. Two non-refundable deposit checks are required to secure a space in the class. One check for \$100 made out to UMASS EMS and the other for \$300 to PECE. The remaining \$500 will be due once the class begins (made out to PECE). This fee will cover the cost of the textbook, and all materials used in class. This fee does not cover the cost of the MA State EMT Certification Exam.*

Office Use Only

Deposit ☐ Tender: \_\_\_\_\_

Course ☐ Tender: \_\_\_\_\_



I, the undersigned, understand that deposits are non-refundable. In the event that the class is cancelled, a full refund will be furnished, or applied to a future semester.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_