



PAEMS Course Registration Form

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 insure that the minimum number of students is met and in order 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 Number _____ Birthday _____

Email _____ Credit Card Expiration _____

Visa Master Card Discover Card Number _____

Students must pay by credit card, cashier's check, or money order made out to PAEMS. **No personal checks will be accepted!** Please check the box for the course that applies and include payment (if applicable) when you mail the registration form. There is a nonrefundable fee to hold the student's position in the EMT and Paramedic course. The registration fee will be applied to the course tuition and will not be refunded if the student does not complete the course for any reason.

ACLS Initial provider and Refresher course \$160

Jan 4, '23 May 3, '23 Sept 6, '23

PALS Initial provider and Refresher course \$160

March 1, '23 July 5, '23 November 1, '23

ITLS 1 day Refresher- \$160 includes the current ITLS book

February 1, '23 June 7, '23 October 11, '23

ITLS 2 day Initial provider- \$190 includes the current ITLS book

February 1-2, '23 June 7-8, '23 October 11-12, '23

EMT Course \$950 - **\$50 nonrefundable registration fee due upon submission of this form**

February 23, '23- July '23 August 3, '23- February, '24

Paramedic course \$7,000 - **\$100 nonrefundable registration fee due upon submission of this form**

February 3, '23- October '23

All correspondence must be mailed or faxed to—Peoria Area EMS Office c/o **Joshua Robb** @ Wozniak Learning Facility 530 NE Glen Oak Ave Peoria, IL 61637. Email joshua.j.robb@osfhealthcare.org
Phone (309)624-3101 Fax (309)655-2090