Johnson County Ambulance District
Training Course Registration

STUDENT NAME: _____ SS NUMBER _____ - _____ - _____

HOME PHONE #: _____ CELL PHONE #: _____

MAILING ADDRESS: _____
Number Apt. # Street

_____
City State Zip Code

E-MAIL ADDRESS: _____

Date(s) of Course: _____

American Safety & Health Institute (ASHI) Courses:

- ☐ CPR & AED (Adult only- 2 hours) $25
- ☐ CPR & AED (Child/ Infant only- 2 hours) $25
- ☐ CPR & AED (Adult & Child - 3 hours) $30
- ☐ Basic First Aid (2 ½ hours) $25
- ☐ CPR/AED/ First Aid Combo (5 hours) $40
- ☐ Bloodborne Pathogens (2 hours) $25
- ☐ CPR Pro (4-5 hours) $45
- ☐ CPR Pro- Renewal $30
- ☐ Advanced Cardiac Life Support (16 hours) $185
- ☐ ACLS – Renewal (8 hours) $100
- ☐ Pediatric Advance Life Support (16 hours) $185
- ☐ PALS – Renewal (8 hours) $100

National Association of EMTs (NAEMT) Courses:

- ☐ Prehospital Trauma Life Support (16 hours) $185
- ☐ PHTLS – Refresher (8 hours) $100
- ☐ Advanced Medical Life Support (16 hours) $185
- ☐ AMLS – Refresher (8 hours) $100
- ☐ Emergency Pediatric Care - EPC (16 hours) $185
- ☐ EPC – Refresher (8 hours) $100
- ☐ EMS Safety Course (8 hours) $100

EMS Courses:

- ☐ Emergency Medical Responder (First Responder) $1,500 per course + cost of books
- ☐ EMT Program (120+ hours) $925
  * $100 non-refundable deposit required at registration
- ☐ EMT Refresher (24 hours) $200
- ☐ Other EMS/ CEU Courses - Specify _____

Registration is not complete until payment is made.

Make checks payable to: *Johnson County Ambulance District*

We accept the following credit cards: *MasterCard Visa Discover*
If you wish to pay be credit card, please call (660) 747-5735, Ext. 1 or complete and mail the One Time Credit Card Payment Authorization Form.

Submit Registration and Payment to: **PO Box 48, Warrensburg, MO 64093** Fax: (660) 747-6430
Email - scan and send to: contact@jocoamb.com

AGREEMENT

Refunds will not be made for any withdrawn or dropped classes. Refunds will only apply if the course is cancelled. The Johnson County Ambulance District does not guarantee a student successful course completion or success at passing certification tests.

I agree to all of the requirements and condition of this training program.

Student Signature: _____ Date: _____

Approved: Budget Year 2017

Johnson County Ambulance District
PO Box 48,
263 SE State Route Business 13 Hwy
Warrensburg, MO 64093

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Johnson County Ambulance District to make a one time Charge (debit) to your credit card listed below.

By signing this form you give us permission to charge (debit) your account for the amount indicated on or after the date of signature. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize the Johnson County Ambulance District, Missouri to charge my credit card account indicated below for payment amount indicated below.

Contact Information:

ADDRESS: _____
Number Street Apt.

_____
City State Zip Code

HOME PHONE #: _____ CELL PHONE #: _____

E-MAIL ADDRESS: _____

This payment is for:

☐ Training Event or Class: ☐ CPR/ AED ☐ First Aid ☐ ACLS ☐ PALS ☐ PHTLS
☐ EMT Program ☐ EMT Refresher ☐ AMLS
☐ Emergency Medical Responder (40 hr) ☐ EPC
☐ Other _____.

☐ Item: ☐ Books ☐ Other _____.

Credit Card/ Account Type: ☐ Visa ☐ MasterCard ☐ Discover

Cardholder Name _____

Card (Account) Number _____

Card Expiration Date _____ CVV2 (3 digit number on back of card) _____

Payment Authorized:$_____ Credit Card Phone# _____

Authorization and Signature:

I authorize the Johnson County Ambulance District to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____ DATE _____

Approved: Budget Year 2017