



Peoria Area Emergency Medical Services
EMERGENCY MEDICAL RESPONDER
REGISTRATION FORM



Course Description

Emergency Medical Responder (EMR) programs were developed to provide highly trained individuals with the skills necessary to begin assessing and caring for patients at the scene of injury or illness.

EMR programs are growing in number and complexity each year. This commitment to the EMR concept has allowed the EMR to become an important part of emergency services in the United States.

Intended Audience

Providers wanting to become licensed as Emergency Medical Responders. This course will enable the provider to perform life saving medical care for an injured or ill person.

Requirements

Current/valid AHA CPR Card, stethoscope, willingness to learn, and adheres to the PAEMS Student Handbook

Cancellation Policy

- 10 or more participants are required for each class. Class will be cancelled if less than 10 participants are registered.
- Non-attendance will result in forfeiting the course fee. Non-attendance includes cancellation with less than 24 hours notice.
- The EMS Course Coordinator and the EMS System Manager have the ability to make exceptions to the cancellation policy.

Registration Information

Fee: \$200.00 PAEMS System Agency Affiliation \$250.00 PAEMS Non-System Affiliation
Fee includes textbook and other course material.

Deadline: Registration form and payment due 2 weeks before class begins.

Course Location:

PAEMS Office
304 E. Illinois Ave
Peoria, Illinois 61603 For additional information, call 309-624-4638

Please choose preferred class date:

January 17, 2018 - April 18, 2018 6pm - 10pm Meets every Wednesday evening

OR

July 18, 2018 - October 17, 2018 6pm - 10pm Meets every Wednesday evening

Mail completed registration form to:

OSF Saint Francis Medical Center
PAEMS Office
530 NE Glen Oak Ave.
Peoria, Illinois 61637 Phone: (309) 624-4638 FAX: (309) 655-2090
Danelle.a.geraci@osfhealthcare.org

PLEASE PRINT LEGIBLY!

Name: Telephone: (H) (C):

Address: City: State: Zip:

E-mail Address:

Agency Affiliation

Check (Payable to PAEMS Office)

Master Card Visa Discover Account Number Exp. Date

Signature