



ALSTAR EMS TRAINING CENTER

335 East Third Street

Jamestown, NY 14701

Phone: (716) 664-8319

Fax: (716) 484-8886

COURSE APPLICATION

NAME: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Primary EMS Affiliation: _____

Secondary EMS Affiliation: _____

NYS EMT #: _____ Exp. Date: _____ *(Must attach copies of cards)*

Expiration Dates: CPR Card: _____ ACLS: _____

PALS: _____ ITLS: _____

COURSE FOR WHICH APPLYING:

- | | |
|---|---|
| <input type="checkbox"/> ACLS | <input type="checkbox"/> Basic CME Core Content |
| <input type="checkbox"/> PALS | <input type="checkbox"/> Critical Care Regular Refresher Course |
| <input type="checkbox"/> ITLS | <input type="checkbox"/> Critical Care Rapid Refresher Course |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Critical Care CME Core Content Course |
| <input type="checkbox"/> Heartsaver 1 st Aid | <input type="checkbox"/> Paramedic Regular Refresher Course |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Paramedic Rapid Refresher Course |
| | <input type="checkbox"/> Paramedic CME Core Content Course |

Will you need a new textbook through the Training Center? ☐ Yes ☐ No

Will you need a new workbook through the Training Center? ☐ Yes ☐ No

In case of an emergency, who do we contact? (Name/Address/Phone):

Note Remarks or Special Accommodations needed: _____

Signature of Applicant

Date of Application