Avera McKennan
School of Emergency Medical Services

EMT-Basic Education Program Application

Application Date: _____

Name: _____

Address: _____

City: _____ State, Zip: _____

E-mail: _____ Phone ( ) _____

Class Location: _____ Class Date: _____

CPR Healthcare Provider Expiration Date: _____

Payment Information

Method of Payment: (check one)

☐ **Check/Money Order**
Payable to Avera McKennan School of EMS

☐ **Credit Card** Amount to be charged $_____

☐ Visa ☐ MasterCard

16 digit account #_____

Expiration date: _____ 3-digit verification code: _____

Card holder name: _____

Authorized signature: _____

Application Fees

(Must be included with application)
(Please check)

☐ EMT-Basic
- ☐ Tuition - $525
- ☐ Book - $100

☐ CPR Healthcare Provider - $35
(If CPR Certification is needed)

Cancellation Policy:

Cancellations received prior to the first class will receive a full refund minus a $25 processing fee. Cancellations after the first class session will result in forfeiture of the entire registration fee. All cancellations must be made in writing. Send cancellation notification to:

Avera McKennan School of EMS
800 E 21st Street
Sioux Falls, SD 57117

Or
ems@mckennan.org

Applications will not be accepted without payment.

Mail application to:

Avera McKennan School of EMS
800 E 21st Street
Sioux Falls, SD 57117