



EMT Basic Registration

COMPANY: _____

ADDRESS: _____

COMPANY OFFICIAL: _____ PHONE: _____

TYPE OF TRAINING DESIRED: BASIC

COURSE DATE: _____

Indiana University of PA

Name: _____
Address: _____
Mine: _____
Social Security #: _____

Name _____
Address: _____
Mine: _____
Social Security #: _____

Name: _____
Address: _____
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Name _____
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Social Security #: _____

Name: _____
Address: _____
Mine: _____
Social Security #: _____

Name _____
Address: _____
Mine: _____
Social Security #: _____

RETURN THIS COMPLETED FORM TO:

Diane L. Elias
Bureau of Mine Safety
Fayette County Health Center
100 New Salem Road, Room 167
Uniontown, PA 15401
Phone: 724-439-7306
Fax: 724-439-7324
dielias@state.pa.us