



EMT Continuing Education Registration

(also Transitional Courses for expired EMTs)

COMPANY: _____

ADDRESS: _____

COMPANY OFFICIAL: _____ PHONE: _____

LOCATION OF TRAINING DESIRED: Indiana University California University

COURSE DATE: _____

Name: _____
Address: _____
Mine: _____
Social Security #: _____
ID #: _____ Exp. Date: _____
Con-Ed <input type="checkbox"/> or Transitional (refresher) Course <input type="checkbox"/>

Name _____
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Mine: _____
Social Security #: _____
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Mine: _____
Social Security #: _____
ID #: _____ Exp. Date: _____
Con-Ed <input type="checkbox"/> or Transitional (refresher) Course <input type="checkbox"/>

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