



**McKenna School  
of Emergency  
Medical Services**

## EMT Registration Form

Registration 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 McKenna 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: \_\_\_\_\_

### Registration Fees

**(Must be included with form)**

(Please check)

- EMT Course
- Tuition - \$575
  - Book - \$100
- CPR Healthcare Provider - \$40

### 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 McKenna School of EMS  
1325 S. Cliff Ave.  
Sioux Falls, SD 57117

Or  
[ems@avera.org](mailto:ems@avera.org)

**Registrations will not be  
accepted without payment.**

Mail registration to:

Avera McKenna School of EMS  
1325 S. Cliff Ave.  
Sioux Falls, SD 57117