



### National Registry Examination (ALS)

The National Registry practical examination is offered for the EMT-Intermediate and the EMT-Paramedic. HealthONE EMS is not responsible for student's eligibility for the National Registry exams. It is the students responsibility to verify their eligibility requirements through National Registry EMT.

Dates	Days	Times	Registration Deadline
July 1, 2009	Wednesday	8:00 AM – 5:00 PM	June 10, 2009
December 22, 2009	Tuesday	8:00 AM – 5:00 PM	December 1, 2009

**Location:** HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110

**Prerequisites:**

- Completion of an EMT-Intermediate or EMT-Paramedic initial program or a refresher course within the last 2 years
- Internet access

**Tuition:** \$300.00  
\$50.00 per skill station up to two (2)

**Text:** None

**Registration:** Send your registration form and payment to: HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110. Payment must be enclosed with registration to confirm a seat in the class.

**Cancellation:** Cancellation notice must be received in writing 5 working days prior to the beginning of class to qualify for a partial refund. A \$30.00 administrative fee will be assessed for any cancellation.

-----Clip and Mail-----

#### National Registry Examination (ALS) Registration Form

Dates you would like to register for:

Please check the level of test you wish to take and which sections of the test:

<input type="checkbox"/> EMT-B	<input type="checkbox"/> EMT-I	<input type="checkbox"/> EMT-P
<input type="checkbox"/> Complete Exam	<input type="checkbox"/> Written	List Skill(s):

Last name	First name	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Cell Phone	Membership #
<input type="text"/>	<input type="text"/>	<input type="text"/>

Work Phone	Email
<input type="text"/>	<input type="text"/>

Agency

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Credit Card #	Exp. Date	/
Cardholder Name	Signature	<input type="text"/>		

We must have your expiration date and signature to accept payment with a credit card. Amount Enclosed \$

Check     Money Order     Cash     PO#   

How did you hear about this course?

Agency     Web page     Flyer     Catalog     Other