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| starrambulance.jpg |  **NATIONAL EMS INSTITUTE** 300 Tremont Street Carver, MA 02330 800-497-6732 FAX 508-436-4730  **CPR INSTRUCTOR**   |    300 TREMONT ST CARVER, MA 02330 $275.00 / $500.00  Date attending |
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| Personal Information | Last Name |  |  | First Name |  |  | MI |
| Address |  |  |  |  |  |  |
| City |  |  |  | State | Zip Code |  |
| Email Address |  |  |  |  |  |  |
| Cell Phone |  | Home Phone |  |  | Work Phone |  |
| Social Security Number |  |  | Date of Birth | *Month* | *Day* | *Year* |
|  Program Fee  | **FEE OPTIONS**: Please pick one option\_\_\_$275-REQUIRES INSTRUCTOR TO SIGN 2 YEAR TEACHING CONTRACT WITH NATIONAL EMS INSTITUTEThe total fee is due TWO WEEKS BEFORE COURSE DATE and must accompany the application when applying for a seat in our program. ***The total of $275.00 is required to hold your seat***. Seats are filled in the order that deposits are received. It is important you return your application as soon as possible. Your CORE Instructor fee is included in the total fee and is also nonrefundable. Your $70 site visit fee or $40.00 site fee (mandatory with monitoring) can be paid with your application fee or at the time of your monitoring. \_\_\_$500-ANY INSTRUCTORS TRANSFERRING TO ANOTHER TRAINING SITE WITHIN 2 YEARS The total fee is due TWO WEEKS BEFORE COURSE DATE and must accompany the application when applying for a seat in our program. ***The total of $500.00 is required to hold your seat***. Seats are filled in the order that deposits are received. It is important you return the application as soon as possible. Your CORE Instructor fee is included in the total fee and is also nonrefundable. Your initial monitoring MUST be completed at National EMS Institute’s corporate offices and is $100.00***VISA \* MASTERCARD \* AMERICAN EXPRESS \* DISCOVER***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Card Number Expiration Zip CodeName on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Ver. codeSignature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt. to charge |
| Refund Policy | Full payment is required two weeks before the first class. 1. A student will receive a:
	1. 100% refund up to 14 days prior to first class date.
	2. 50% refund up to 7 days prior to first class date.
	3. There is no refund 6 days before first class date.

Refunds will be returned within 30 days from first class date.  |
| Financial Agreement | I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Understand and agree that I am entering a CPR instructor training program sponsored by National EMS Institute. I agree to pay tuition of $275.00/$500 (CIRCLE ONE) and realize that submission of this application and non-refundable fees commits me financially to a position in the program. I also agree to pay the $70 site fee for my monitoring or the $40 site fee if I choose to schedule my monitoring at the NATIONAL EMS Institute Corporate office at 300 Tremont Street in Carver, MA. This is evidenced by my signature on this date. I accept total and full responsibility for payment for the program regardless of my status in the program.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date |
| Required | **CURRENT BLS(Healthcare Provider) or HEARTSAVER CPR CERTIFICATE THROUGH AMERICAN HEART ASSOCIATION is required –Please include a copy of your current CPR card AND a copy of your license. If you do not have a current CPR Certificate please call National EMS Institute for next class date.**I have completed this application truthfully and without falsification.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date |