October 29th, 2026 (DAY 1) 0830 - 1630

WRITE LEGIBLY

NAME:	ORGANIZATION:	STATE LICENSE NUMBER:	STATE:	EMT:	PARAMEDIC:	BLS CARD? YES OR NO
Ex: Adam McElhaney	Hebron Fire Protection District	1123018	KY	☐	☒	
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IF YOU ARE AN EMR, CHECK EMT BOX. IF YOU ARE AN EMT-A, CHECK PARAMEDIC BOX.