

Return to: Rescue Training Inc
 9 Mall Terrace
 Savannah, GA 31406



Office (912) 692-8911 Fax (912) 692-1338 Toll free (877) 692-8911

Please type or print this form and return it along with payment prior to the cut-off date.

No personal checks. Money Order, Cashier's Check, Business/Company Check, and VISA/MasterCard/Discover

EXAM LOCATION: SAVANNAH, GA CUT-OFF DATE: _____

EXAM DATE: _____

First Name: _____ MI: _____ Last Name: _____

SSN _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone _____ Work Phone: _____ Cell Phone: _____

Email address _____

Select Exam Level:

_____ Full Practical Exam

LEVEL: _____ I/85 EMT-Intermediate (**\$150**)
 _____ Paramedic (**\$150**) _____ Advanced EMT (**\$150**)

STATION (SKILL) ONLY EXAM: Please circle the practical skill(s) that you are required to take and bring your letter from the National Registry listing the skill(s) you must retest. Retest fees are **\$35.00** per station.

Trauma Assessment	Medical Assessment	Random – Shock	Random – Seated
Random – Supine	Supraglottic Airway	IV Therapy	IV Bolus (Meds)
Cardiac Dynamic	Cardiac Static	Oral Station A	Oral Station B
Pediatric Airway ET	Pediatric IO	Airway Dual Lumen	Adult Airway ET
Cardiac Arrest w/AED	Pediatric Respiratory Compromise	Random-Long Bone Immobilization	Random-Joint Immobilization

The Registration Form with payment must be received by the cut-off date to be guaranteed a seat at the National Registry Practical Exam. There is no refund of Practical Exam fees after the cut-off date. Any application submitted without payment will be disregarded.

I understand the refund policy and the cut-off date: (sign) _____

If you have any questions, feel free to call either Carol or Misty at 912-692-8911

Saving Lives Through Education!