



Learning Management System

Alabama Individual EMSP Registration Form

Annual Fees: EMR-\$24, EMT-\$40, AEMT-\$50, NRP-\$60

PLEASE TYPE OR PRINT
*** REQUIRED INFORMATION**

*NAME: _____

*LEVEL: ☐ EMT ☐ Advanced ☐ Intermediate ☐ Paramedic * EMSP NUMBER: _____
(Alabama EMSP number if available)

*PHONE: _____

*EMAIL: _____

*ADDRESS: _____

*CITY: _____ *COUNTY: _____ * ZIP CODE: _____

PROVIDE THE FOLLOWING AGENCY INFORMATION (PAID OR VOLUNTEER):

Check this box ☐ if you are not currently working for an EMS provider.

*PRIMARY EMS AGENCY: _____

*Primary EMS Agency County: _____ *Agency Phone: _____

*Training Officer: _____ *Training Officer Phone: _____

*Training Officer Email: _____

List additional EMS agency where you are employed or volunteer:

AGENCY: _____ COUNTY: _____

AGENCY: _____ COUNTY: _____

READ NOTICE AND SIGN TO ACKNOWLEDGE

ALL THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND I AGREE TO ALL TERMS AND CONDITIONS FOR USING THE LMS SYSTEM. I UNDERSTAND MY ACCOUNT WILL AUTOMATICALLY BE CHARGED OR BILLED ANNUALLY UNTIL A WRITTEN NOTICE HAS BEEN PROVIDED TO TERMINATE THE AGREEMENT ON THE RENEWAL DATE. I UNDERSTAND NO REFUNDS ARE AVAILABLE ONCE AN ACCOUNT HAS BEEN ACTIVATED AND NO REFUNDS ARE ISSUED FOR EARLY WITHDRAWAL.

SIGNATURE: _____

DATE: _____

Credit Card Type: ☐ MasterCard ☐ Visa ☐ AmEx ☐ _____

Is this a commercial card: ☐ Yes ☐ No PO# if req: _____

Cardholder Name: _____
(as shown on card)

Card Number: _____

Exp. Date: _____ Billing Zip Code: _____

AFFIX
LEGIBLE
COPY
OF
EMSP
LICENSE
(REQUIRED)