



Regional Emergency Medical Organization

1653 CENTRAL AVENUE • ALBANY, NY 12205-4092

(518) 464-5097

FAX (518) 464-5099

WEBSITE: www.remo-ems.com

E-MAIL: remopcrs@nycap.rr.com

CPR Registration form AHA Healthcare Provider

Course Date ____ / ____ / ____

____ Original @ 9am (\$90.00) ____ Recertification (\$70.00) ____ 9am ____ 6pm

Name: _____
(Please print)

Address: _____
(street)

(city) (state) (zip)

Daytime Phone Number (____) _____

Do You Have Any Special Needs ____ Y ____ N Specify _____

If recertification you must provide a copy of your current American Heart association card Expiration date _____

WE NOW ACCEPT CREDIT CARDS

(If paying by check, you will not receive your card until your check clears)

OFFICIAL USE ONLY

Date _____

_____ HCP book given

____ Cash ____ Check # ____ Credit ____

_____ Pocket Mask given

Card to be given at class ____ Y ____ N

Registered by _____