

Colorado Emergency Response Training and Consulting-CERTAC



EMT-Tactical Medical Provider Course Registration Form

Course Dates you are registering for : _____
Cost: \$425.00

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Numbers- Home: _____ Work: _____ Cell: _____

E-mail: _____

Rank: _____ EMT-B ___ EMT-I ___ EMT-P ___ RN ___ MD ___

SS#: _____ Date of Birth: _____

Agency: _____

Emergency Contact: _____

Emergency Contact Telephone: _____

Are you a sworn Police Officer? _____

Are you currently providing Tactical Medical Support to a SWAT team? _____

If yes to above, List the agency name: _____

Have you attended other TEMS courses? _____ If yes, which course(s)? _____

For additional information contact Bill Powers at (970) 214-9355 or e-mail Bill@certac.com.

Mail completed form and check/money order/purchase order to: CERTAC
P.O. Box 354
Drake, CO 80515