DURHAM TECH

Emergency Medical Services Continuing Education Registration

Complete this form and mail or fax with payment to:
Durham Technical Community College
525 College Park Road, Hillsborough, NC 27278
Fax: 919-536-7297 / Phone: 919-536-7238 x4205
ems@durhamtech.edu

- Payment or payment authorization is required at time of registration and must be received before the rst class.
- Receipts or con rmations will not be sent for payments that are faxed or mailed.
- The refund policy can be found at
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Last name: _____ First name: _____ MI: _____

Address: _____ City: _____ State: _____ ZIP: _____

County: _____ UPlease check if this is a new address or change in information.

Home: (___) _____ Business: (___) _____ Ext.: _____ Cell: (___) _____

Colleague ID #: _____ (assigned by college if new student) Date of birth: _____

Email address: _____ Social Security number: _____

Public safety agency: _____ Position or job title: _____

Highest education level completed
UNon-graduate
(highest grade completed) ____
UGED
UHigh school diploma
UAdult high school
UVocational diploma
UAssociate's degree
UBachelor's degree
UMaster's degree or higher

Gender
UFemale UMale

Race (check all that apply)
UAmerican/Alaska native
UAsian
UBlack/African-American
UHawaiian/Paci c Islander
UHispanic/Latino
UNon-Hispanic/Non-Latino
UWhite

EMS P# (if applicable):

_____

Employment status
UFull time (40 or more hours/week)
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