



237 Oakland Drive
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Community Training Center Instructor New & Renewal Form

Email: scable@lowcountryems.com Phone Number: [843-529-0977 x100](tel:843-529-0977)

Date: _____ Date of Birth: _____

Name: _____ Home Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Instructor ID#: _____

Employer: _____ Work Phone: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Profession: _____ Cellular Number: _____

Email Address: _____

Credentials that I am requesting and/or Renewing:

- BLS Instructor
- Heartsaver Instructor
- ACLS Instructor
- PALS Instructor
- Training Center Faculty / _____

PLEASE PAY WITH CREDIT CARD OR CHECK – PAYABLE & MAIL TO:
Lowcountry Regional EMS Council, Inc
Attn: Steve Cable
237 Oakland Drive, Walterboro, SC 29488

*****Please send form with all certification card copies + \$11 per discipline(s)***

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