

Community Training Center Instructor Renewal

E-Mail: jdecker@lowcountryems.com or speterson@lowcountryems.com

Please Print All Information

Date _____ Date of Birth _____

Name _____ Home Phone _____

Last Name First Name MI

Mailing

Address _____

City _____ State _____ Zip _____

Instructor ID# _____

Employer _____ Work Phone _____

Employer Address _____

City _____ State _____ Zip _____

Code _____

Profession _____

Pager or Cellular Number _____

E-Mail Address _____

****I am enclosing the \$11.00 card fee for each of the following disciplines that I am renewing:**

BLS Instructor

Training Center Faculty

ACLS Instructor

Training Center Faculty

PALS Instructor

Training Center Faculty

Please add me to the CTC E-mail List.

I have internet access and would be interested in receiving updates via a web page.

Please make checks payable to Lowcountry Regional EMS Council, Inc. and mail to:

Lowcountry Regional EMS Council, Inc.

1016 East Montague Avenue

North Charleston, SC 29405

**** Instructors whose employer pays their fees and has an account with our office should submit their registration through the normal process for their employer.**

