



**REFRESHER REGISTRATION FORM**  
EMR, EMT, PARAMEDIC

In the spaces indicated, please complete the information requested and **mail, email** or **fax** to:

*Division of Health Sciences*  
*Emergency Medical Technology*  
*901 Ohio Street*  
*Clarksdale, MS 38614*  
*FAX: (662) 624-2187*  
*Email: rnelson@coahomacc.edu*

Name \_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_  
(please print)

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Email \_\_\_\_\_

National Registry ID \_\_\_\_\_ Mississippi Cert ID \_\_\_\_\_

Employer \_\_\_\_\_ Primary Job Location (County) \_\_\_\_\_

“By checking the boxes and signing this form, I will be attending the following days:”

\_\_\_\_\_ **Day 1:** Affective Characteristics, Communicable Diseases, Field Triage, Tourniquets, Oxygenation/Ventilation, CNS-Concussions, At-Risk Populations (EMR, EMT, Paramedic) DATE \_\_\_\_\_

\_\_\_\_\_ **Day 2:** Role of Research, Stroke, Psychiatric Emergencies, Immunology, Cardiac Arrest, Ventricular-Assist Devices, Post-Resuscitative Care (EMR, EMT, Paramedic) DATE \_\_\_\_\_

\_\_\_\_\_ **Day 3:** Pediatric Rate Disturbances, Pediatric Cardiac Arrest, ACS/ Chest Pain, OB-Gyn Emergencies, Endocrine Emergencies, Special Populations, Pediatric Transport (EMT, Paramedic) DATE \_\_\_\_\_

\_\_\_\_\_ **Day 4:** Culture of Safety, ACS- Advanced, CHF, Fluid Resuscitation, Medication Delivery, Pain Management, Advanced Airway, Capnography, Crew Resource Management (Paramedic) DATE \_\_\_\_\_

- Cost **\$ 40.00 per day**
- Participants may pay in person or mail with registration form.
- Cash is accepted in person **ONLY**. Personal checks must include the participants SSN and phone number for the CCC business office to process.

\_\_\_\_\_  
Signature of Participant

- Cost is \$40.00 per day. Cash will be accepted and receipt written. Make *checks* out to Coahoma Community College and be sure working phone number and physical address is included.