

**SOUTHERN MAINE EMERGENCY MEDICAL SERVICES**  
**474 Riverside Industrial Parkway, Portland, Maine 04103, 207-741-2790**

**BASIC and ADVANCED LIFE SUPPORT TRAINING APPLICATION**

I am applying for a specific course: (circle one) **YES**                      **NO**

If yes = Instructor : \_\_\_\_\_ Start Date: \_\_\_\_\_

<b>REFRESHER COURSE</b>		<b>Funding</b>	<b>Non-Funding</b>
___ Basic Refresher	24 Hours	\$125.00	
___ Intermediate	36 Hours	\$200.00	\$400.00
___ CC/PARAMEDIC	44/48 Hrs	\$250.00	\$500.00

<b>INITIAL LICENSE COURSE</b>			
___ BASIC EMT	140 Hours	\$525.00	
___ EMT-INTERMEDIATE	280 Hours	\$900.00	\$1,800.00
___ EMT-PARAMEDIC (bridge)	827 Hours	TBA	TBA

<b>CPR COURSE</b>	
___ AHA-Health Care Provider (CPR) Re-certification	\$40.00
___ AHA-Health Care Provider (CPR)	\$65.00



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ Alternative PHONE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

AMBULANCE AFFILIATION: \_\_\_\_\_

ARE YOU OVER 18 YEARS OF AGE: YES: \_\_\_ NO: \_\_\_ Date of Birth: \_\_/\_\_/\_\_

CURRENTLY LICENSED AS A MAINE EMS PROVIDER? YES \_\_\_ NO \_\_\_