



Registration Form: Paramedic Refresher Program

Spring 2018

Name: _____

Service: _____

Phone: Home: _____ Cell: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

PA Certification Number: _____

Date of Birth: ___/___/___

Provider Level: Paramedic PHRN RN MD/DO other: _____

***Pre-registration is recommended. Registrations can be mailed or email to:
sfick@mutual-aid.com, or faxed to: (724) 834-2810.***

Scott L. Fick, B.S., NRP

Sergeant | Paramedic Supervisor

Training | Education Coordinator

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