Email Registration Form

MONTANA BOARD OF MEDICAL EXAMINERS
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Helena, Montana 59620-0513
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Registration Form: Lead Instructor Training Program (please ✓ one)

☐ November 7-8-9, 2008 – Missoula, MT
☐ December 12-13-14, 2008 – Billings, MT

PLEASE PRINT OR TYPE

1. FULL NAME: _____

2. OTHER NAME (S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
   Street or PO Box # City and State Zip

5. HOME ADDRESS _____
   Street or PO Box # City and State Zip

   PREFERRED MAILING ADDRESS ☐ Business ☐ Home E-MAIL ADDRESS _____

6. TELEPHONE (_____) _____ (_____) _____ (_____) _____
   Business Home Fax

7. SOCIAL SECURITY NUMBER No Longer Required FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____ ☐ MALE ☐ FEMALE
   City/State

9. LEVEL OF LICENSE ☐ EMT-FR ☐ EMT-B ☐ EMT-I(99)

   ☐ EMT-P ☐ PHYSICIAN ☐ PHYSICIAN-ASSISTANT

10. LICENSE NUMBER _____ EXPIRATION DATE: _____

11. ARE YOU ATTACHING DOCUMENTATION OF PREVIOUS **INSTRUCTOR TRAINING?** ☐ YES ☐ NO
    If, yes attach documentation.

Instructor Training Documentation Accepted: Formal instructor training that included adult learning principles, curricula development, presentation styles and other basic instructional principles: (this does not include former EMSTC training or program specific material like, CPR, GEMS, PHTLS instructor training).