# AEROMEDICAL THEORY COURSE
# REGISTRATION FORM

Please provide the following information. Please type or print legibly.

## APPLICATION DATA

**Aeromedical applicants are required to submit a copy of the AEMCA certificate**

## PERSONAL DATA

| LAST NAME | MIDDLE NAME | FIRST NAME | SIN# (FOR RECEIPT PURPOSES ONLY) |
|---|---|---|---|
| | | | |

## STUDENT INFORMATION

| Mr. Miss Ms. Mrs. | **First Name:** | **Last Name:** | Social Insurance Number: For receipt purposes only in Canada |
|---|---|---|---|
| Street/Unit #: | Street Address/Name: | | |
| City: | Province/ State: | Postal Code/Zip Code: | |
| Country: | E-mail Address: | Primary Phone No.: | |
| Current Employer: (If employed in EMS) | Base Hospital: (For Ontario only, if employed in EMS) | Medical Dirctor: (For Ontario only, if employed in EMS) | |

## PAYMENT INFORMATION

Payments can be made with certified cheque, money order and credit card.

- If you are paying by certified cheque or money order, make it payable to Ornge.
- If you are paying by credit card, please fill out the following information below

Visa or MasterCard (circle one) | Please Note: We currently do not accept American Express at this time.

| _____ | _____ | _____ |
|---|---|---|
| Card Number | Expiry Date (MM/YYYY) | Verification Code (3 digit) |

**Please mail or submit your registration form and payment to:**
**Ornge Education and Training, 5310 Explorer Drive, Mississauga, ON L4W 5H8**

## APPLICATION SIGNATURE

### Application Signature

By signing this application I verify that the information in this application is true and that the submission of false information could result in the refusal of admission or expulsion from an education program.

Print, sign, date and email or mail the application. After printing your application, verify all the information above is correct and save a copy for your records.

_____ _____

SIGNATURE DATE (DD/MMM/YYYY)

Ornge Education and Training Department cannot be responsible for documents/forms that are lost in transit.