



Inter Mountain Medical Educators

EMT Course Application

Once application and deposit are received you are enrolled in the course unless otherwise notified by IMME.

Month and Year of Course applying for _____

Name:

Address:

Phone Number:

E-mail Address:

Deposit Amount Enclosed and Check #:

T-Shirt Size (S, M, L, XL, XXL or XXXL):

Previous Experience (First Aid, CPR, Anatomy, EMS, etc.):

Reasons For Taking the Course:

How Did You Hear About the Course (Who Specifically?):

Please Send Deposit and Application To:

Inter Mountain Medical Educators
P.O. Box 11535
Bozeman, MT 59719

*****Receipt of application and deposit from student to Inter Mountain Medical Educators (IMME) is considered full agreement to all of the Terms and Conditions of IMME by the student. Please visit www.montanaemt.com for the full list of the Terms and Conditions of IMME*****