Sanford Health Monthly EMS Education Participant Registration Form

PRINT ALL INFORMATION – ALL FIELDS WITH A * ARE REQUIRED FOR REGISTRATION

*First Name: _____

*Last Name: _____

*Primary home email address: (PERSONAL EMAIL ADDRESS REQUIRED) _____

Secondary email address: _____

*Address Line 1:_____

*Address Line 2:_____

*City: _____ ***State:** _____ ***Zip:** _____

*Primary Phone Number: _____circle one   **Home**   **Cell**

Secondary Phone Number: _____circle one   Home   Cell   Work

*Agency Affiliation (only one agency): _____

Agency/Ambulance License Number (if known): _____ (State Assigned Agency License Number)

Medical Director (if known): _____

*Ambulance Director Name: _____

*EMS/Professional Certification Level (circle one)

First Responder/EMR	**EMT**	**Advanced EMT**	**Paramedic**	**RN**	**LPN**
Law Enforcement	**Firefighter**	**Emergency Manager**	**EVOC Driver**	**Other: _____**	

SD EMT Number: _____   **National Registry Number:** _____
SD BOM License Number (ALS ONLY) _____   **State EMS Number:** _____**State:**_____

*Highest Education Completed	**GED**	**High School**	**Associate Degree**
	Bachelor Degree	**Master Degree**	**Doctorate Degree**

*Prior Military Service   circle one   **Yes**   **No**

User name: **YOUR USER NAME WILL AUTOMATICALLY BE REGISTERED AS YOUR PERSONAL EMAIL ADDRESS**

Password: **YOUR PASSWORD WILL DEFAULT AS-   EMS2016**
     (unless you have previously attended a Sanford sponsored conference within the past year – then use the password you already set up). If you would like to reset the default password, to one of your choosing, use the 'Forgot Username or Password' link on the Success Center login page.

     YOU WILL RECEIVE AN EMAIL FROM THE ONLINE PORTAL WITH YOUR USER INFORMATION ONCE YOUR ACCOUNT IS SETUP AND REGISTERED ON THE SYSTEM.

     * Passwords must be 6 - 20 characters
     * Passwords cannot have leading or trailing spaces
     * Passwords cannot be the same as the Username, User ID, or email address.