

EMS - ACP Prep Registration

EMR – ACP Prep

EMT ACP Prep

Name: _____

Address: _____

City/Prov: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Program Taken At: _____ Date Completed: _____

Have you previously attempted the ACP Exam _____ Date: _____

€ Fee \$150.00 – *must be included* € Copy of certificate of transcripts

Credit Card	<input type="checkbox"/> Mastercard	<input type="checkbox"/> VISA
Card Number		
Expiry Date		
Authorized Signature		

Office Use Only	
Fee	
Receipt No	
Status	
Reg Date	

Withdrawal/Refund/Cancellation Policy

Withdrawal/Refund/Cancellation from a class requires a minimum of five business weekdays prior to the start of the class, by mail, email or fax. A processing fee of \$45.00 will be applied to each program on individual refunds. Programs with pre-issued study materials will have the fees for all materials deducted and then the refund processed. Refunds may be processed by Credit Invoice, or Cheque mailed to the individual, or if payment made by credit card, refunds will be credited back to the credit card less the cancellation fees. Group, corporate withdrawal, refund, cancellation fees are per student. All withdrawal, refund, cancellation requests must be in writing and sent to the registration department 403-571-7659 . Group or corporate withdrawal, refund, cancellation fees are per student. Failure to attend class, student will forfeit all registration fees and training. By signing the registration form, client acknowledges cancellation fees and accepts responsibility to pay same

Signature of Participant _____ Date