CITY OF CLEVELAND
Mayor Frank G. Jackson

City of Cleveland
Division of Emergency Medical Service
Community Education and Training
CPR/AED Training Registration Form

EMERGENCY MEDICAL SERVICE

Instructions: Fill in the information below. This form can be saved and sumitted via email attachment to EMSCommunityEdu@city.cleveland.oh.us , Fax: 216-420-8373, or printed and returned to:

City of Cleveland
Division of Emergency Medical Service
Attn: Community Education
1701 Lakeside Ave
Cleveland, OH 44114

Once the form has been received, someone from Community Education will contact you about scheduling training. If you have any questions, call EMS Community Education at (216) 664-6029 (English) (216) 664-6010 (Spanish), or email EMSCommunityEdu@city.cleveland.oh.us

(**Note:** All classes are held at Cleveland EMS Headquarters 1701 Lakeside Ave. Cleveland, Ohio 44114)

First Name: _____ Last Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Other Phone: _____

Email Address: _____

Approximately How Many Participants: _____

Please select the desired dates for training:

First Choice: _____ Second Choice: _____ Third Choice _____

(Revised 11/2011)