

**Community Training Center
Instructor Renewal
E-Mail: ctc@lowcountryems.com**

Please Print All Information

Date _____ Social Security Number _____

Name _____ Home Phone _____
 Last Name First Name MI

Street Address _____

City _____ State _____ Zip Code _____

Employer _____ Work Phone _____

Employer Address _____

City _____ State _____ Zip Code _____

Profession _____ Pager Number _____

E-Mail Address _____

****I am enclosing the \$8.00 card fee for each of the following disciplines that I am renewing:**

BLS Instructor Instructor-Trainer

ACLS Instructor

PALS Instructor

Please add me to the CTC E-mail List.

I have internet access and would be interested in receiving updates via a web page.

Please make checks payable to Lowcountry Regional EMS Council, Inc. and mail to:

Lowcountry Regional EMS Council, Inc.
1016 East Montague Avenue
North Charleston, SC 29405

**** Instructors whose employer pays their fees and has an account with our office should submit their registration through the normal process for their employer.**