

# N.I.E.S.A.

Northeast Ingham Emergency Service Authority  
1296 W Grand River Ave.  
Williamston, MI 48895  
Phone: (517) 655-3384 Fax: (517) 655-9384  
[www.niesa.org/ems/ems\\_education.html](http://www.niesa.org/ems/ems_education.html)

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## EMS Education Course Registration

Course Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Tuition: \$ \_\_\_\_\_ Uniform Shirt Size: \_\_\_\_\_ Uniform Pant Size: \_\_\_\_\_

Method of Payment:  Check # \_\_\_\_\_  Cash  Credit Card

If paying with credit card, please return to [www.niesa.org](http://www.niesa.org) and click the Pay Your Bill Now Button to submit payment.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City:  State:  Zip Code: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No: \_\_\_\_\_

Do you have any special needs under the American Disabilities Act?  Yes  No (Select One)

If yes, please describe: \_\_\_\_\_

All payments must be received prior to the start of class. Refunds will be issued if notice of withdrawal is received prior to two weeks before the start of class. No refunds will be given after this date. Seats are reserved on a first come, first serve basis.

NIESA reserves the right to cancel programs based on the lack of enrollment. Full refunds will be issued for classes cancelled by NIESA.

Textbooks will be accepted for refund only if returned in unopened and new condition.

NIESA shall not discriminate on the basis of race, sex, national origin, age or handicap in educational programs, activities, employment or recruitment.

**Student Affirmation:** I certify that the information provided in this application is true and complete to the best of my knowledge. I authorize NIESA to verify any and all information as may be necessary of admission to the above program. I understand that upon successful completion of the education program, I will become eligible to participate in the appropriate State of Michigan and/or National Registry of EMT's examinations (if applicable).

For the safety and comfort of all concerned, I acknowledge that I may be removed from any program, without refund, for conduct that violates any law, either criminal or civil, and I shall conduct myself in an appropriate and professional manner at all times.

Check this box if you agree with the above statement.

Date: \_\_\_\_\_

**How to submit form: 1. After completing form; save and e-mail form to [niesa@niesa.org](mailto:niesa@niesa.org).  
2. After completing form; sign, print and fax to 517-655-9384.**