

# EMS/OTEP Evaluator Workshop Registration

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ email \_\_\_\_\_

Certification Level: \_\_\_\_\_ Registry # \_\_\_\_\_

Employer: \_\_\_\_\_

Payment Attached: Yes \_\_\_\_\_ No \_\_\_\_\_ P.O.# \_\_\_\_\_

Supervisors Signature \_\_\_\_\_

\*Remit payment and application to:

KCEMS  
P.O. Box 4805  
Bremerton, WA. 98312