INVOICE
STUDENT ENROLLMENT FEES
(TRAINING CONDUCTED AT AMBULANCE SERVICE)

Date:_____

CHECK ONE: ☐ **EMT** ☐ **AEMT**

*****COPY OF STUDENT ENROLLMENT ROSTER MUST BE SUBMITTED WITH THIS INVOICE*****

Please type or print

Training Agency Name:_____

Instructor Name:_____

Instructor Email Address:_____

****NOTE: FEES MUST BE SUBMITTED PRIOR TO COURSE START DATE****

Payable to: **TDH-EMS**

Remit to: **TN Department of Health**
Office of Emergency Medical Services
665 Mainstream Drive
Nashville, TN 37243

Begin and End Course Dates mm/dd/yyyy – mm/dd/yyyy	**Class Number**	**Number of Students**	**Rate**	**Total**
to			$175 per student	

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I attest that the stated course will be conducted in accordance with the policies, standards and requirements as set forth in the EMS statutes, Rules and Regulations and the Office of EMS Training Policy.

Signed: _____ Date: _____
(Instructor)

Signed:_____ Date:_____
(Service Director)

PH-Pending RDA-10137