

GEMS Course Roster

This form can be completed and submitted online for no charge by going to the GEMS web site at www.GEMSSite.com. There is a \$20 processing fee for submitting the form via fax or mail.

Please enclose a check or provide a credit card number. Check # _____ Credit Card # _____ expiration date _____

(DO NOT WRITE IN THIS BOX)			
Rec'd	Entered:	Mailed:	C: Course Date:

**GERIATRIC EDUCATION FOR
EMERGENCY MEDICAL SERVICES
(GEMS)
COURSE REPORT FORM**



**American Geriatrics
Society**



REMEMBER: TYPE OR PRINT CLEARLY IN DARK INK COMPLETE ALL FIELDS

Course Information

Type of Course: Please Check One BLS ALS Course Coordinator Orientation

Starting Date of Course: MM DD YY Ending Date of Course: MM DD YY

Organization Sponsoring the Course: _____

Course Coordinator Information

Course Coordinator ID Number: _____

Name of Course Coordinator: _____

Address: _____

Phone: () _____

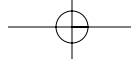
E-mail: _____

Mail provider cards to above address. Other: _____

Course Coordinator's Signature: _____ Date _____

MAIL TO: American Geriatrics Society, GEMS Coordinator, The Empire State Building, 350 Fifth Avenue, Suite 801, New York, NY 10118



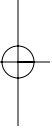
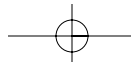


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APPENDIX

Faculty Information

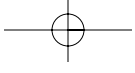
Faculty's Name	Mailing Address	Phone	Credentials
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			<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> Other	<input type="checkbox"/> EMT-P <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-B
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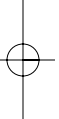
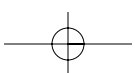


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Participant Information

Participant's Name	Address	Phone	Pass	Fail	Credentials
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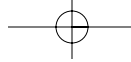
APPENDIX



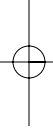
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APPENDIX



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