NOLS WILDERNESS MEDICINE REGISTRATION FORM

General Registrations: Send to **wilderness_medicine@nols.edu**.
Scholarship Registrations *(including AmeriCorps and 529)*: Send to **wilderness_medicine_financialaid@nols.edu**.
Or, mail registrations to NOLS Wilderness Medicine at 284 Lincoln St., Lander, WY 82520. For additional information, please call **866-831-9001**.

STUDENT INFORMATION

Name: _____
First Preferred First Middle Last

Gender: _____ Birthday: ____/____/____ Phone Number: _____ ☐ Cell ☐ Home ☐ Work
M D Y

Address: _____
Street (include apt, box, etc.) City State Zip/Postal Code

Email: _____

Have you taken a NOLS Wilderness Medicine course before? ☐ Yes ☐ No
Are you a NOLS employee? ☐ Yes ☐ No

Citizenship: _____

For U.S. Citizens only – Ethnicity or Race (Optional):

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic
☐ Multiracial
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Other _____

COURSE INFORMATION *Enrollment based on availability*

Course Location: _____ Course Start Date: ____/____/____
City State M D Y

Course Type: (Deposit/tuition amounts are in parentheses)

☐ Wilderness First Aid (Pay in full)
☐ Wilderness Advanced First Aid (Pay in full)
☐ Wilderness First Responder ($300)
☐ WFR Recertification (Pay in full)
☐ Wilderness Upgrade for Medical Professionals ($300)
☐ Wilderness Medicine for the Professional Practitioner (Pay in full)
☐ Wilderness Medicine Expedition ($500)
☐ Wilderness EMT ($1000)

I, the undersigned, understand and agree that all course deposits and payments are subject to the NOLS Wilderness Medicine refund policy. (To review the NOLS Wilderness Medicine refund policy, please visit www.nols.edu/en/wilderness-medicine/planning/policies/)

Signature (required) _____

Payment Method:

☐ Credit Card *Please call the NOLS Wilderness Medicine office to pay with Visa or Mastercard at 866-831-9001.*
☐ Check enclosed
☐ 529 Education Savings Plan*
☐ Veterans Affairs Benefits* *Only available for courses taking place in Wyoming*
☐ AmeriCorps Education Award*
☐ Moving Hands Scholarship*

* Please see this Financial Aid link for specific information: **www.nols.edu/en/wilderness-medicine/planning/financial-aid/**

REGISTRATION WILL NOT BE CONFIRMED UNTIL PAYMENT IS RECEIVED, OR SCHOLARSHIP FUNDING IS IN PROCESS.