

## NMEDA Electrical Training Online Part 1 is required

prior to entering all regular hands-on manufacturer training for Braun, VMI, ELDorado, and Bruno.

**This requirement is mandatory for each dealer technician entering the above manufacturer trainings.**



*The National Mobility Equipment Dealers Association Presents*

# Online Electrical Training Registration Form

### Registration

Dealer technicians may register for the NMEDA Electrical Training Online at [www.nmeda.org](http://www.nmeda.org).

- \$50 per technician if NMEDA & QAP
- \$100 per technician if Non-NMEDA/QAP
- \$15 per test per technician to waive course or extend expired certification

**You will receive a site registration request and course invitation from Pete Lucas and IgniteCast upon receipt of your registration (usually within 1 business day). Please be sure to look in your Inbox for these two emails.**

### For More Info

Contact Pete Lucas at [pete@nmeda.org](mailto:pete@nmeda.org) or call 800.833.0427.



**NMEDA.com**

The NMEDA Electrical Training Online Part 1 is basic Electrical training generic to the industry. You must score 75% or higher to pass and receive a 2-year certificate. You can retake the tests as many times as needed. The course takes about 2.5-3 hours and can be completed over several sessions. The certificate is accepted by Braun, VMI, ELDorado, and Bruno as a pre-hands-on training requirement. One trainee certificate can be used to satisfy all five manufacturers pre-hands-on training requirements for that trainee, and is valid for 2 years.

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

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

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Trainee: \_\_\_\_\_

Trainee's Unique Business or Personal Email: \_\_\_\_\_

*(Use a unique business OR personal email address for each trainee.)*

Secondary (Back-Up) Email: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_

Please select only one of the following:

Waiver Course/PVA (\$15)     QAP Member (\$50)     Non-Member (\$100)

\$ \_\_\_\_\_ Total Amount     Pay by Check

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Fax form to 813.962.8970.**

**For complete information visit [nmeda.com/professional-training/](http://nmeda.com/professional-training/)**