AAOS

# Assessment and Treatment of Trauma

## *Friday March 23, 2012 8:30AM - 6:00PM*

At the completion of the provider level course, qualified participants who wish to become coordinators will be able to apply on line to the AAOS to take the on line coordinators program.

All listed courses will be held at the Capital Health Emergency Services Training Center, which is located near the old Mercer Hospital Campus at: 65 Prospect Street, Trenton, NJ 08618. Parking information and directions will be included in the pre-course packet.

**Course costs:**

***THIS COURSE IS NOT NJ TRAINING FUND ELIGIBLE!!***

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| Capital Health EMS & TEMS Employees (Manager/Supervisor approval mandatory) | No Charge - Employee is responsible to obtain the book. Book may be purchased through Capital Health ESTC at a cost of $50.00. The book is MANDATORY! |
| ALL OTHERS | $175.00 |

**Attention Capital Health EMS Employees attending class at no charge: Please be advised that registration for class constitutes acceptance of a work shift. Course cancellations outside of policy may result in performance and/or disciplinary consequences.**

**THERE IS A MANDATORY ONLINE PRE-COURSE SELF-STUDY MODULE FOR THIS COURSE!**
**8.0 Elective CEUs for NJ EMTs & Paramedics have been awarded for this course.**
**CECBEMS has awarded this program 10.0 CEUs for Basic & Advanced EMS Providers.**

**To Register:** Complete registration portion below and return with payment to:

Capital Health EMS Education
65 Prospect Street
Trenton, NJ 08618-4654

Please make checks payable to: Capital Health EMS

Capital Health also accepts Visa/Mastercard

***NO PHONE OR FAX REGISTRATIONS WILL BE ACCEPTED!***

**Questions?** *Call the EMS education office at (609) 815-7291 or e-mail EMSEducation@capitalhealth.org*

**ATT**

NAME _____ **NJ 6 Digit OEMS ID #** _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

Primary Phone _____ E-Mail _____

CHS EMS / TEMS Employees: **Manager Sign_____

**Manager must sign for sponsorship of Capital Health EMS & TEMS employees attending without payment of course fees.

***REGISTRATIONS WILL CLOSE 10 DAYS PRIOR TO COURSE DATE.***
***REGISTRATIONS BY MAIL MUST BE POST-MARKED NO LESS THAN 10 DAYS PRIOR TO COURSE DATE.***
***NO REFUNDS WILL BE MADE FOR CANCELLATIONS RECEIVED LESS THAN 10 DAYS PRIOR TO COURSE DATE. SUBSTITUTIONS ACCEPTED.***
***PLEASE BE PROMPT, PARTICIPANTS ARRIVING MORE THAN 15 MINUTES LATE WILL BE DENIED ENTRY.***

***APPLICANT SIGNATURE*** _____ ***DATE*** _____

***OFFICE USE ONLY:*** Date Received_____/_____/_____ Packet Sent_____/_____/_____