Epinephrine Auto Injectors

Capital Health - EMS Education

Select One ***Wed May 15, 2013 ___9AM-11AM ____2PM-4PM ____7PM-9PM***

or

Thu. May 16, 2013 ____9AM-11AM _____2PM-4PM

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

Course costs:

Capital Health EMS Employees (Manager/Supervisor approval mandatory) — No Charge

Attention Capital Health 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.

THIS IS A CLOSED COURSE TO CAPITAL HEALTH EMPLOYEES ONLY

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

Capital Health EMS Education
65 Prospect St.
Trenton, NJ 08618

NO PHONE OR FAX REGISTRATIONS WILL BE ACCEPTED!

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

EPIPEN

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

ADDRESS _____ CITY _____ STATE ___ ZIP _____

Home Phone _____ Work Phone _____ E-Mail _____

Capital Health EMS Employees: **Manager Sign_____
** Manager must sign for sponsorship of CHS employees attending without payment of course fees.

NO REGISTRATIONS WILL BE ACCEPTED VIA THE NJ OEMS LEARNING MANAGEMENT SYSTEM (LMS). ALL PARTICIPANTS WILL BE ADMINISTRATIVELY REGISTERED IN LMS BY CHS EMS EDUCATION STAFF WHEN THIS REGISTRATION FORM AND PAYMENT IS RECEIVED.
REGISTRATIONS WILL CLOSE 14 DAYS PRIOR TO COURSE DATE.
REGISTRATIONS BY MAIL MUST BE POST-MARKED NO LESS THAN 14 DAYS PRIOR TO COURSE DATE.
NO REFUNDS WILL BE MADE FOR CANCELLATIONS RECEIVED LESS THAN 7 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_____/_____/_____