capitalhealth
Minds Advancing Medicine

EMS EDUCATION

PHTLS COMBINED PROVIDER COURSE (7th Edition)

Tuesday April 15 & Friday April 18, 2014 8:30AM-5:00PM

This course will be held at Capital Health Emergency Services Training Center, which is located near the former 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 & 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 $55.00
ALL OTHERS	$300.00 - includes book

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.

Required for course admission: Each student must bring a completed PHTLS pretest and PHTLS Textbook (7th Edition) with them to class.

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

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

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*

PHTLS

NAME_____NJ/PA EMT-ID #_____

ADDRESS_____CITY_____STATE_____ZIP_____

Primary Phone _____ E-Mail_____

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

NO REGISTRATIONS WILL BE ACCEPTED VIA THE NJ OEMS LEARNING MANAGEMENT SYSTEM (LMS).
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_____/_____/_____

PHTLS Combined Provider: April 15 & 18, 2014