



# BLEEDING CONTROL (B-CON)

Advanced Training - Includes Extended Skill Practice - 3.0 NJ OEMS CEUs

Choose ONE Desired Session

- \_\_\_ Thu March 15, 2018 8:30am-12:30pm      \_\_\_ Thu March 15, 2018 1pm - 5pm
- \_\_\_ Mon March 19, 2018 8:30am-12:30pm      \_\_\_ Mon March 19, 2018 1pm - 5pm

This course will be held at Capital Health Life Support Education Center, which is located at:  
**832 Brunswick Ave., 2<sup>nd</sup> Floor, Trenton, NJ 08638-3847.**  
 Parking information and directions will be included in the pre-course packet.

**THIS IS A FREE CLASS  
 PRE-REGISTRATION IS REQUIRED.**

**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.**

**To Register:** This form is designed to be paperless. Fill out the form, save it, then e-mail it as an attachment to:  
[EMSEducation@CapitalHealth.org](mailto:EMSEducation@CapitalHealth.org)  
 Printed forms and payments may be sent to:  
**832 Brunswick Ave., 2nd Floor, Trenton, NJ 08638-3847**  
 Please make checks payable to: Capital Health      Capital Health LSEC 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](mailto:EMSEducation@CapitalHealth.org)

**B**

NAME \_\_\_\_\_ NJ/PA EMS ID # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

\*\*\*Capital Health EMS Employees ONLY\*\*\*

Emp. ID# \_\_\_\_\_ Mgr. Name: \_\_\_\_\_ Manager Sign \_\_\_\_\_

**NO REGISTRATIONS WILL BE ACCEPTED VIA THE NJ OEMS LEARNING MANAGEMENT SYSTEM (LMS).  
 REGISTRATIONS WILL CLOSE 7 DAYS PRIOR TO COURSE DATE.  
 REGISTRATIONS BY MAIL MUST BE POST-MARKED NO LESS THAN 7 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.**

**NON**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY:** Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Packet Sent \_\_\_\_/\_\_\_\_/\_\_\_\_

**B-Con**