



EMS SAFETY: TAKING SAFETY TO THE STREETS

Friday March 16, 2018 8:30AM-5:00PM

The NAEMT **EMS Safety** program is designed to promote a culture of EMS safety and help reduce the number and intensity of injuries incurred by EMS practitioners in carrying out their work.

This course will be held at the Capital Health Life Support Education Center, which is located at:
832 Brunswick Ave., 2nd Floor, Trenton, NJ 08638-3847.
Parking information 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 LSEC at a cost of \$22.00

ALL OTHERS

\$85.00 - 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.

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

Printed forms and payments may be sent to:

Capital Health LSEC, 832 Brunswick Ave., 2nd Floor, Trenton, NJ 08638-3847

Please make checks payable to: Capital Health

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

E M S S A F E T Y	NAME _____ NJ/PA EMS ID # _____
	ADDRESS _____ CITY _____ STATE _____ ZIP _____
	Primary Phone _____ E-Mail _____
	Capital Health EMS & Trenton EMS Employees ONLY
	Emp. ID# _____ Mgr. Name: _____ Manager Sign _____
	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 ____/____/____
	EMS Safety: March 16, 2018