



# EMT Refresher Program

## Capital Health EMS Education



|               |                       |              |         |
|---------------|-----------------------|--------------|---------|
| <u>      </u> | Wednesday (Session A) | Feb 21, 2018 | 8AM-5PM |
| <u>      </u> | Thursday (Session B)  | Feb 22, 2018 | 8AM-5PM |
| <u>      </u> | Friday (Session C)    | Feb 23, 2018 | 8AM-5PM |

**These sessions are based on the 2009 National EMS Education Standards**

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<br><u>(Manager/Supervisor approval mandatory)</u> | NO CHARGE  |
| ALL OTHERS  | \$65.00 each session or<br>\$195.00 for all 3 sessions |

**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 EMT-B'S ATTENDING THIS COURSE:  
 STUDYING THE NEW MATERIAL IS HIGHLY RECOMMENDED.**

**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)

*Any applicable payment must be received before registration is finalized.*  
 Printed forms and payments may be mailed or dropped off to EMS Education:

**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?** Contact the EMS Education office at (609) 815-7291 or at the e-mail address above.

**EMT REFRESHER**

NAME \_\_\_\_\_ NJ OEMS ID # \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\*\*\*Capital Health EMS / TEMS 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 \_\_\_/\_\_\_/\_\_\_