



**Pediatric Education For Prehospital Professionals - BLS**  
Capital Health - EMS Education

**Thursday May 10, 2018 8:30AM - 5:00PM**

This course will be held at 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 \$62.00

ALL OTHERS

\$120.00 - Does NOT include book  
Book may be purchased through Capital Health LSEC at a cost of \$62.00

**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.

**Payment in full must accompany this registration.**  
Completed PEPP 3rd Edition online Pre-Test for Onsite BLS course is **REQUIRED** for admission to this course.  
PEPP 3rd Edition Textbook is **REQUIRED** for admission to this course.

**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.

**P** NAME \_\_\_\_\_ NJ/PA EMS ID# \_\_\_\_\_  
**E** ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
**P** Primary Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
**P**

\*\*\*Capital Health EMS / TEMS Employees ONLY\*\*\*

**B** Emp. ID# \_\_\_\_\_ Mgr. Name: \_\_\_\_\_ Manager Sign \_\_\_\_\_  
**L**

**S** **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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
PEPP BLS: May 10, 2018