



# PHTLS COMBINED PROVIDER COURSE (8th Edition)

*Prehospital Trauma Life Support*

**Monday/Tuesday April 23 & 24, 2018 8:30AM-5:30PM**

This course will be held at the Capital Health Life Support Education Center, which is located at:  
**832 Brunswick Ave., 2<sup>nd</sup> 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 ESTC at a cost of \$60.00

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 (8th Edition) with them to class.**

**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:

**Capital Health LSEC, 832 Brunswick Ave., 2<sup>nd</sup> 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](mailto:EMSEducation@capitalhealth.org)

<b>P H T L S</b>	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 _____
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**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 _____
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<b><u>OFFICE USE ONLY:</u></b> Date Received _____ / _____ / _____	Packet Sent _____ / _____ / _____
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