



PHTLS COMBINED REFRESHER (8th Edition)

Wednesday March 28, 2018 8:30AM-5:30PM

Prerequisite: PHTLS or ITLS certification completed less than four years ago.

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 \$60.00

ALL OTHERS

\$175.00 - 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

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

P	NAME _____	NJ/PA EMS-ID # _____
H	ADDRESS _____	CITY _____ STATE _____ ZIP _____
T	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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<u>OFFICE USE ONLY:</u>	Date Received ____/____/____	Packet Sent ____/____/____
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