EMT Refresher Program

Capital Health EMS Training Center

____ Friday	(Session A)	May 3, 2019	9:00am-5:00pm
____ Friday	(Session B)	May 10, 2019	9:00am-5:00pm
____ Friday	(Session C)	May 17, 2018	9:00am-5:00pm

Based on the 2009 National EMS Education Standards

This course will be held at the Capital Health EMT Training Center, 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
ALL OTHERS	$75.00 each session or $210.00 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 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

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_____/_____/_____

EMT Refresher: May 2019