



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



## Pediatric Education For Prehospital Providers Capital Health EMS Training Center

**Monday February 25, 2019 9:00AM-5:00PM**  
**AND**  
**Tuesday February 26, 2019 9:00AM-5:00PM**  
**COMBINED PROVIDER CLASS**

This course will be held at Capital Health EMS Training Center, located at:  
**832 Brunswick Ave., 2nd Floor, Trenton, NJ 08638-3847.**  
Parking information and directions 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 \$65.00

ALL OTHERS

\$180.00 - includes book

**Prerequisite:**

**All course attendees must have PEPP Textbook**

**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.

**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 Training Center:  
**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?** Contact the EMS Training Center office at (609) 815-7291 or at the e-mail above.

**PEPP**

NAME \_\_\_\_\_ EMS ID # \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Capital Health EMS & TEMS Employees: **\*\*Manager Sign** \_\_\_\_\_  
\*\*Manager must sign for sponsorship of Capital Health EMS & TEMS employees attending without payment of course fees.

**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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_