



NCCP PARAMEDIC REFRESHER PROGRAM



CAPITAL HEALTH EMS TRAINING CENTER

Thursday, February 28, 2019 AND Friday, March 1, 2019

BOTH DAYS: 9:00am-5:00pm

***BOTH SESSION DAYS MUST BE ATTENDED FOR FULL NREMT CREDIT**

This course will be held at Capital Health EMS Training Center, which is 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: No Charge
(Manager/Supervisor approval mandatory)

ALL OTHERS: Both Days: \$160.00

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.

This 16.5 hour program can be applied toward the requirements of NREMT and/or NJ Paramedic recertification., and will satisfy the NREMT required material under the National Continued Competency Program model.

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 the EMSTC:

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 TC office at (609) 815-7291 or at the e-mail above.

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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 5 DAYS PRIOR TO COURSE DATE.
REGISTRATIONS BY MAIL MUST BE POST-MARKED NO LESS THAN 5 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 ____ / ____ / ____