



# Capital Health EMS Education



## Prehospital Trauma Life Support - Provider Course (9th Edition)

May 6 & 7, 2019 9:00am-5:00pm  
Must Attend Both Days

This course will be held at the Capital Health EMS Training 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 & Trenton EMS Employees	No Charge
ALL OTHERS	\$250.00

Book may be purchased through Capital Health EMS Education at a cost of \$85.00.

**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.

**Required for course admission:** Each student must bring a completed PHTLS pretest and PHTLS Textbook (9th 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 EMS Education, 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)

**P**  
**H**  
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NAME \_\_\_\_\_ NJ/PA EMS-ID # \_\_\_\_\_

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

PRIMARY PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMPLOYEE # \_\_\_\_\_

**REGISTRATIONS CAN ONLY BE SUBMITTED VIA EMAIL, NO MAIL-IN REGISTRATIONS WILL BE ACCEPTED.**  
**NO REFUNDS WILL BE MADE FOR CANCELLATIONS, SUBSTITUTIONS MAY BE 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**PHTLS Provider Course: May 6 & 7, 2019**