



capitahealth



Tactical Emergency Casualty Care (TECC)

Each student must bring the *TECC 2nd Edition* textbook with them to class.

*****THIS CLASS USES REALISTIC TACTICAL SCENARIOS AS A CENTRAL PART OF THE TRAINING. STUDENTS SHOULD BE *MENTALLY AND PHYSICALLY PREPARED* FOR A SIMULATED ENVIRONMENT INVOLVING LIGHTS, LOUD SOUND, OBSCURED VIEW, AND SIGNIFICANT PHYSICAL EXERTION.*****

Attention Capital Health EMS Employees attending class:

A PTO Request MUST be submitted along with this registration. Registration for class constitutes acceptance of a work shift. Course cancellations outside of hospital or department policy may result in performance and/or disciplinary consequences.

June 24-25

July 7-8

Non-Capital Health Employees

\$300 Includes
TECC 2nd Edition Textbook

Capital Health Employees

No Charge
(Books may be borrowed or purchased)

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, credit card or check (payable to: **Capital Health**) must be received before registration is finalized.

TECC

NAME: _____ NJ/PA EMS ID #: _____

EMAIL ADDRESS _____

Cell Phone Number _____ CHS EMP ID #: _____

COURSE TYPE REQUESTED: _____ **TECC** _____ (DATE) _____ TIME: _____

2nd Choice: (DATE) _____ TIME: _____ 3rd Choice: (DATE) _____ TIME: _____

APPLICANT SIGNATURE _____ **DATE** _____

SUBSTITUTIONS INTO AN ALTERNATE CLASS MAY BE ALLOWED, IF THERE ARE SPOTS AVAILABLE. NO REFUNDS WILL BE GIVEN. CLASSES FILL QUICKLY, PLEASE PROVIDE ALTERNATE DATES IN CASE YOUR FIRST CHOICE IS FULL. FOR EMS EMPLOYEES: ENROLLMENT INTO CLASS CONSTITUTES ACCEPTANCE OF A WORK SHIFT.

Day 1 Location: 832 Brunswick Ave, 2nd Floor, Trenton NJ.

Day 2 Location: To Be Determined. Will be announced on Day 1 of class.

OFFICE USE ONLY: Date Received ____ / ____ / ____ Registration Info Sent: ____ / ____ / ____