ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

EMS Education Course Application

EMS Education, 1 RWJ Place, Box 2601, New Brunswick, NJ 08903-2601
Office 732-937-8687 | Fax 732-418-8199 | http://www.rwjuh-ems.org

EMT-Paramedic Refresher, October 18-19, 2012

Section 1A of the reregistration requirements for NREMT-P includes 48 hours of training selected from the USDOT EMT-Paramedic national standard curriculum. (This training is also necessary for a paramedic's re-entry into the National Registry.) Paramedics who complete a full ACLS provider course and PALS, PEPP, or EPC (formerly PPC) and PHTLS Combined or Advanced, ATT, or ITLS Advanced provider course within their recertification period will satisfy much, but not all, of the necessary 48 hours. This EMT-P Refresher Program supplies the remaining training over two days. NJ MICPs who take ACLS, PALS, PHTLS, and this course during their two-year certification period can satisfy their NJ continuing education requirements. Runs 8:00 a.m. to 6:00 p.m. both days.

Required attachments:
[ ] Payment, credit card info, or EMS Education Waiver Application

Registration acknowledgement by: [ ] E-mail or [ ] Telephone

Cancellation Policy: If RECEIVED less than ten BUSINESS DAYS before the course--NO REFUND. If RECEIVED 10 or more business days before the course--full refund if the issued material(s) are returned in brand new condition prior to the start of the course.

I checked that the above information is correct, understand and acknowledge the cancellation policy. Register me.

SIGN HERE ► _____

Office Use Only: Acknowledged [ ] in person by [ ] phone [ ] e-mail.
Student [ ] absent [ ] incomplete [ ] cancelled on_____ [ ] verbally [ ] in writing.
[ ] CC Billed [ ] CC Rejected [ ] EW attached [ ] EW billed [ ] Invoiced [ ] Training Fund billed
DATE RECEIVED (Form saved 1/13/12, printed 1/13/12)

Forms that are incomplete or without payment will not be processed.

Name (Please print clearly.)

E-mail address (This is our default written communication.)

Address			
Day phone		Cell phone	
Eve phone		EMS ID#	

Circle your healthcare professional role/level:
MD/DO DDS/DMD PA APN RN Paramedic EMT
Other_____

New Brunswick healthcare campus affiliation, if applicable:
[ ] RWJUH [ ] UMDNJ-RWJMS Unit/Department_____
Check, if appropriate: [ ]Resident [ ]Fellow [ ]Faculty [ ] MedStudent

PAYMENTS: Tuition $120
CHECK OR MONEY ORDER payable to Robert Wood Johnson University Hospital
#_____ $_____

CREDIT CARD	Circle one: AmericanExpress MasterCard Visa Discover		
Cardholder's Name	[ ] Same as above		
Cardholder's Address	[ ] Same as above		
Card Number			
Expiration Date		CVV or Security code	

Please read and sign below this statement: I agree to pay the total amount noted above per the card issuer agreement.
Cardholder Signature_____