INTERNATIONAL TRAUMA LIFE SUPPORT (ITLS)

COMPLETER COURSE SUNDAY, NOVEMBER 3, 2019

8:00 AM – 5:00 PM

All registrations must be faxed or postmarked by October 23, 2019.

Continuing Education Credit: *Continuing Education Credit: This continuing education activity is approved by UMBC, an organization accredited by the Commission on Accreditation of Pre-Hospital Continuing Education (CAPCE). EMS providers must provide both NREMT # and expiration date (if applicable) and state license and expiration date to receive CECBEMS credit.*

Please select Basic or Advanced			
	Basic (BLS)		**Advanced (ALS)**

Please type/print clearly. A confirmation packet will be sent upon receipt of registration and payment.

Mail this completed form and your check made payable to **"UMBC"** to:

University of Maryland, Baltimore County
Professional Education and Training
1000 Hilltop Circle, Sherman Hall, A Wing, Room 316
Baltimore, Maryland 21250

OR, you may fax your registration form with credit card information to (410) 455-6713.

Name:			
Email:			
Address:			
City, State, Zip:			
Phone:		Alternate Phone:	
NREMT-P Lic. #:		Exp. Date:	
EMT-P, RN, MD License #:		State:	Exp. Date:

			Enter Amount
	ITLS Completer Course –**11/3/2019**	**$275.00**	
	Enclosed is my check in the amount of >>>>>>>>>>>>>>>>	>>>>>>>	
	Credit Card Convenience processing fee (add to balance above)	$5.00	$ 5.00
	Please charge my **VISA MasterCard Discover** (please circle one) >>>>>>>>>>>>>		

Card Number:		V-code: (last three digits on back of card)	Expiration Date:
Address if different from above:		Name as it appears on Card:	
		Signature:	

Cancellations/Refunds

- **All registration fees are non-refundable.**
- A $45.00 fee will be charged for any returned check.
- UMBC reserves the right to cancel any course due to insufficient enrollment. Tuition will be refunded or transferred to another course date at UMBC's expense.

I understand that if I have not provided complete state license and NREMT (if applicable) information that I may not receive credit for this course.

Signature: _____

I have read and understand the cancellation/refund policy.

Signature: _____

"I understand that UMBC as a requirement of CAPCE accreditation will submit a record of my course completions to the CAPCE AMS. I further understand that my course completion records may be accessed by or shared with such regulators as state EMS offices, training officers, and NREMT on a password-protected need-to-know basis. In addition, I understand that I may review my record of CAPCE-accredited course completions by contacting CAPCE. "