# INTERNATIONAL TRAUMA LIFE SUPPORT (ITLS)

# COMPLETER COURSE SUNDAY, NOVEMBER 4, 2018

## 8:00 AM – 5:00 PM

***All registrations must be faxed or postmarked by October 25, 2018.***

**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 –**11/4/2018** | **$250.00** | |
| | **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. "