



## PARAMEDIC REFRESHER

MEETS THE GUIDELINES FOR REREGISTRATION PURPOSES FOR NATIONAL REGISTRY

PLEASE INDICATE WHICH COURSE YOU WILL BE ATTENDING WITH AN 'X' OR CHECKMARK

	November 7-10, 2023	\$425.00 attending in person
	November 7-10, 2023	\$400.00 attending via Zoom
	Feb.27-March 1, 2024	\$450.00 attending in person
	Feb.27-March 1, 2024	\$425.00 attending via Zoom

Please type or print clearly.

Mail this completed form (page 1 only) and your check made payable to "UMBC" to:

UMBC – DEPARTMENT OF EHS/PACE 1000 HILLTOP CIRCLE, SHERMAN HALL RM 316 BALTIMORE, MD 21250

~OR~

You may fax your registration form and credit card information to (410)455-6713.

Name:			
Email:			
Home Address:			
City, State, Zip:			
Phone:		Alternate Phone:	
State EMT-P License #:		State:	Exp. Date:
NRP License #:		NRP Exp. Date:	
X or ✓	PLEASE SELECT OPTIONS		
	Nov. 7-10, 2023 Paramedic Refresher Course VIA ZOOM		\$400.00
	Nov. 7-10, 2023 Paramedic Refresher Course IN PERSON		\$425.00
	Feb. 27-March 1, 2024 Paramedic Refresher Course VIA ZOOM		\$425.00
	Feb. 27-March 1, 2024 Paramedic Refresher Course IN PERSON		\$450.00
	UMBC-EHS Student/Alumni discount - \$35.00 (graduation year _____)		
	Credit Card Convenience processing fee (add to balance above) >>>>>		\$ 5.00
	Please charge my VISA/ MasterCard/Discover (please circle one) >>		
	Enclosed is my check made out to UMBC in the amount of >>>>>		
Card Number:		V-code: (last 3 digits on back of card)	Expiration Date:
Address if different from above:	Signature:		
	Name as it appears on Card:		
<b>Cancellations/Refunds</b> <input type="checkbox"/> All cancellations/request for refunds must be made in writing <b>two (2) weeks prior</b> to the course start date, and is subject to a \$45.00 withdrawal fee. <b>After the withdrawal deadline all tuition will be forfeited. even if registered within the 2 week period.</b> <input type="checkbox"/> A \$45.00 fee will be charged for any returned check. <input type="checkbox"/> 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/or NRP information that I may not receive credit for this course.

Signature: \_\_\_\_\_

I have read and understand the cancellation/refund policy.

Signature: \_\_\_\_\_

IF REGISTERING FOR ZOOM:

I have read and agree to ALL Zoom policies. See p2

Signature: \_\_\_\_\_

**A confirmation letter, directions and map will be sent via email upon receipt of registration and payment.**

**ZOOM:**

**Persons wishing to participate via Zoom will be required to review/acknowledge the policies and procedures posted on our website :**

**<http://ehspace.umbc.edu/ParamedicRefresher/Zoom/>**

**All Zoom participants will be required to attend 100% of the time\* just as you would in person. Please only select to attend via this option if you can meet the minimum technical requirements and agree to the policies established. \***  
**If you do not meet the attendance policy, you will not earn the full hours.**

***ALL students will receive access to the handout website, this information will be included in your electronic confirmation packet.***

***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 CAPCE credit.***

**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.**