PEDIATRIC & NEONATAL CRITICAL CARE TRANSPORT PROGRAM

PNCCT(SM)

April 21-29, 2018

PNCCT(SM) Provider Course Registration Fee: $750.00
(includes the PNCCT(SM) resource guide)

ALL REGISTRATIONS MUST BE FAXED OR POSTMARKED BY APRIL 7, 2018.
(To register after the deadline, contact our offices directly at 410-455-6241.)

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).*

Please type or print clearly. A confirmation letter, directions and map will be sent upon receipt of registration and payment.

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

UMBC – DEPARTMENT OF EHS/PACE
1000 HILLTOP CIRCLE, SHERMAN HALL – A WING – ROOM 316
BALTIMORE, MARYLAND 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:	

I have enclosed copies of the PNCCT℠ Course Pre-requisites:

State License #:		State:	Exp. Date:
NREMT-P License #:		Exp. Date:	
CPR Exp. Date:		PALS/PEPP/PPC or ENPC Exp. Date:	

		Enter Amount
	PNCCT(SM) Provider Course **4/21-29/2018** (resource guide included)	**$750.00**
	Credit Card Convenience processing fee (add to balance above)	$ 5.00
	Please charge my **VISA/ MasterCard/Discover** (please circle one) >>>>>>	
	Enclosed is my check in the amount of >>>>>>>>>>>>>>>>>	

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 cancellations and request for refunds must be made in writing **six (6) weeks** prior to the course start date, and is subject to a $45.00 withdrawal fee. **After the withdrawal deadline all tuition will be forfeited.**
- All course materials must be returned **PRIOR** to the initiation of the refund.
- 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. "

PNCCT℠ PRE-COURSE PREP DAY

(OPTIONAL)

RECOMMENDED FOR NON-CRITICAL CARE PROVIDERS

FRIDAY, APRIL 20, 2018 - 0800–1700

REGISTRATION FEE - $150.00

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).*

Attendees of the PNCCT℠ PRE-COURSE PREP DAY will receive eight (8) hours of continuing education.

Topics to be Covered Include:

Medication calculations/drips

Basic introduction to hemodynamic monitoring (A lines, CVP, ICP, PA)

CSHN (trach, long term vascular access, feeding tubes)

Basic introduction to Congenital Heart Disease

Mechanical Ventilators

Mail your registration and payment (check made payable to "UMBC") to:
University of Maryland, Baltimore County – Dept. of EHS/PACE
1000 Hilltop Circle, Sherman Hall – A-Wing – Room 316
Baltimore, Maryland 21250

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

Name:			
Email:			
Local Address:			
City, Sate, Zip:			
Phone:		Alternate Phone:	

				Enter Amount
	PNCCT Pre-Course Day – **4/20/2018**			**$150.00**
	Enclosed is my check in the amount of >>>			
	Credit card processing charge (add to balance above)	$ 5.00		
	Please charge my **VISA** **MasterCard** (please circle one) >>>>>>>>>>>>>>>>>>>>>>			

Card Number:		V-code (last 3 digits on back of card:	
Name as it appears on Card:		Expiration Date:	
Signature:			

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