PEDIATRIC & NEONATAL CRITICAL CARE TRANSPORT PROGRAM

PNCCT(SM)

April 10-18, 2021

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

ALL REGISTRATIONS MUST BE FAXED OR POSTMARKED BY March 29, 2021.

(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.

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Email:									
Home Address:									
City, State, Zip:									
Phone:		Alternate Phone:							
I have enclose	ed copies o	of the PN	ICCTsm Course Pr	e-requisi	tes:				
State Licens	se #:			State:			Exp. Date:		
NREMT-P L	icense #:			Exp. Date:					
CPR Exp. Date:				PALS/PEPP/PPC or ENPC Ex			. Date:		
							Enter Amount		
PNCCT ^(SM) Provider Course 4/10 – 18/2021 (resource guide included)						\$750			
Credit Card Convenience processing fee (add					ce above)		\$ 5.00		
Please charge my VISA/ MasterCard/Discover (please circle one) >>>>>									
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from above:				Signature:					
After the withdraw □ All course materi □ A \$45.00 fee will be □ UMBC reserves the	nd request for ref val deadline all to ials must be re e charged for any e right to cancel a	tunds must be tuition will be turned PRI returned change de change de change de change de change de course	oe forfeited. OR to the initiation of theck. ue to insufficient enrollmen	ne refund.	the course start date, and is subject be refunded or transferred to anoth licable) information that I may n ture:	er cours	se date at UMBC's expense.		
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. "

PNCCTSM PRE-COURSE PREP DAY

(OPTIONAL)

RECOMMENDED FOR NON-CRITICAL CARE PROVIDERS

FRIDAY, APRIL 9, 2021 - 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 PNCCTSM 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) :							
	Emai	il:							
	Local Address	s:							
	City, Sate, Zip	o :							
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	PNCCT Pre-Course Day – 4/9/2021								\$150.00
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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.									
*A \$45.00 fee will be charged for any returned check. *UMBC reserves the right to cancel any course due to insufficient enrollment. In the event of cancellation tuition will be refunded or transferred									
to another course date at UMBC's expense.									

[&]quot;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."