

# PEDIATRIC & NEONATAL CRITICAL CARE TRANSPORT PROGRAM

PNCCT<sup>(SM)</sup>

**Sept 12 – 20, 2020**

**PNCCT<sup>(SM)</sup> Provider Course Registration Fee: \$750.00**  
(includes the PNCCT<sup>(SM)</sup> resource guide)

**ALL REGISTRATIONS MUST BE FAXED OR POSTMARKED BY August 31, 2020.**  
(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:	
<b>I have enclosed copies of the PNCCT<sup>SM</sup> Course Pre-requisites:</b>			
State License #:		State:	Exp. Date:
NREMT-P License #:		Exp. Date:	
CPR Exp. Date:		PALS/PEPP/PPC or ENPC Exp. Date:	
			Enter Amount
<b>PNCCT<sup>(SM)</sup> Provider Course 9/12 – 9/20/2020</b> (resource guide included)			<b>\$750.00</b>
Credit Card Convenience processing fee (add to balance above)			\$ 5.00
Please charge my <u> VISA/ MasterCard/Discover </u> (please circle one) >>>>>>			
<b>Enclosed is my check in the amount of</b> >>>>>>>>>>>>>>>>>>>>			
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:		
<b>Cancellations/Refunds</b>			
<input type="checkbox"/> All cancellations and request for refunds must be made in writing <b>six (6) weeks</b> prior to the course start date, and is subject to a \$45.00 withdrawal fee.			
<b>After the withdrawal deadline all tuition will be forfeited.</b>			
<input type="checkbox"/> All course materials must be returned <b>PRIOR</b> to the initiation of the refund.			
<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 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. "*

