



Trenton Emergency Medical Service  
EMS Education Department

American Heart Association  
BLS Provider



**Friday February 8, 2019**  
**1pm-5:30pm**

This courses will be held at Trenton EMS / Trenton Fire Headquarters, which is located at 244 Perry Street, Trenton, NJ 08618.

**Course costs:**

TEMS & Capital Health Employees                      No Charge

ALL OTHERS    \$55.00 (Incudes Book)

Attention Trenton EMS Employees attending class at no charge:

Please be advised that registration for class constitutes acceptance of a work shift. Course cancellations outside of policy may result in performance and/or disciplinary consequences.

The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course material, do not represent income to the Association.

Trenton EMS is a training site of LifeForce USA's BLS multi-region community training center of the American Heart Association

**To Register:**

Complete registration portion below and return with payment to:

Trenton EMS Education Dept.

P.O. Box 199

Trenton, NJ 08602

Please make checks payable to: Trenton EMS                      Trenton EMS also accepts Visa/MasterCard/Discover  
(checks will not be accepted as a form of payment less than 7 days from the course date)

**NO PHONE OR FAX REGISTRATIONS WILL BE ACCEPTED**

Questions? Call the EMS Education Department at (609) 393-0688 or email [kelmer@trentonems.com](mailto:kelmer@trentonems.com)

**C** NAME: \_\_\_\_\_ NJ 6 Digit OEMS ID \_\_\_\_\_  
**P** ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
**R** Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

NO REFUNDS WILL BE MADE FOR CANCELLATIONS RECEIVED LESS THAN 7 DAYS PRIOR TO COURSE DATE. SUBSTITUTIONS ACCEPTED. PLEASE BE PROMPT.  
PARTICIPANTS ARRIVING MORE THAN 15 MINUTES LATE WILL BE DENIED ENTRY.

**H**  
**C**  
**P** APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY: Date Received \_\_\_/\_\_\_/\_\_\_ Packet Sent \_\_\_/\_\_\_/\_\_\_

**Capital Health Manager/Supervisor Signature:** \_\_\_\_\_