



Trenton Emergency Medical Service  
EMS Education Department



American Academy  
of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN



Pediatric Education For Prehospital BLS  
Professionals / 8 CEU's



**Thursday February 21, 2019 08:30AM-05:00PM**

This course will be held at Trenton EMS/Trenton Fire HQ 244 Perry Street Trenton, NJ 08618. Parking information and directions will be included in the pre-course packet.

**Course costs:**

TEMS & Capital Health Employees

No Charge – Employee is responsible to obtain the book. Book may be purchased through the education department at a cost of \$60.00.

ALL OTHERS

\$120.00 – book sold separately for \$60.00

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.

Trenton EMS does NOT accept New Jersey Volunteer EMT Training Fund vouchers for this course.

**Payment in FULL must accompany this registration.**

**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  
(checks will not be accepted as a form of payment less than 7 days from the course date)

Trenton EMS also accepts Visa/MasterCard/Discover

**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)

<b>P E P P B L S</b>	NAME: _____ NJ 6 Digit OEMS ID _____
	ADDRESS _____ CITY _____ STATE _____ ZIP _____
	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.
APPLICANT SIGNATURE _____ DATE _____	

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

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