

CRITICAL CARE EMERGENCY MEDICAL TRANSPORT PROGRAM - CCEMTPSM

SPONSORED BY LOYOLA UNIVERSITY MEDICAL CENTER, EMERGENCY MEDICAL SERVICES
IN CONJUNCTION WITH UNIVERSITY OF MARYLAND BALTIMORE COUNTY DEPARTMENT OF EMERGENCY HEALTH SERVICES

REGISTRATION DEADLINE SEPTEMBER 3RD

Please submit this registration form and current CCEMTP certification along with payment.

Your CCEMTP certification must be valid throughout the duration of the course!

Cash, credit card, department or cashier's check, or money order made payable to "Loyola EMS" are accepted. (We cannot accept personal checks)

AUDIT COST IS \$125/DAY

Name: _____

Address: _____

Paramedic Registered Nurse Respiratory Therapist Physician Physician Assistant

UMBC CCEMTP Student #: _____ UMBC CCEMTP Expiration Date: _____

Phone Number: _____ Cell Home

Email: _____

Day(s) to Audit:

Week 1: 10/1 10/2 10/3 10/4 10/5

Week 2: 10/8 10/9 10/10 10/11 10/12

Week 3: 10/15 10/16

Visa Master Card Discover American Express

Card Number: _____

Verification Code (CVV / CVC): _____

Expiration Date: _____

Amount to Charge: _____



Loyola
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Medical
Center



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