PNCCT Renewal Request

PLEASE TYPE OR PRINT LEGIBLY. **DATE:**_____

NAME:					
STREET:					
CITY:		STATE:		ZIP CODE:	
PHONE: (HOME/CELL)		PHONE: (WORK)			
EMAIL:					
DATE/LOCATION OF ORIGINAL PNCCT COURSE:		PNCCT STUDENT #:			

I have provided documentation of thirty-two (32) credits of critical care continuing education (CE) at the ALS level **with an emphasis in pediatric and neonate critical care**. I am requesting renewal of my PNCCT[sm] certificate:

_____
(signature)

Acceptable forms of documentation of hours may be:

- in the form of a letter on agency letterhead, signed by the Training Officer or Medical Director. The letter must include your name, PNCCT[sm] number (if available), number of CE hours, dates of CE and topics covered.
- a copy of your state CE printout highlighting the courses to be considered for your renewal. The printout **must** include your name, address, identification number, number of hours and dates of the courses completed.
- certificate(s) containing the topic content and time frame that are dated and signed.
- an unofficial college transcript highlighting the courses to be considered for your renewal.
- a CentreLearn.com transcript highlighting the courses to be considered for your renewal.

You may list CE course information on the table found on page 2.

	Enclosed is a copy of my current EMT-P/RN/MD or other health care professional license
	Enclosed is a copy of my current PALS/PEPP/ENPC/PPC (or equivalent) card
	Enclosed is my check made payable to "UMBC" in the amount of $60.00
	Enclosed is my check made payable to "UMBC" in the amount of $75.00 (renewal fee + $15 late fee)
	Charge my VISA MasterCard (circle one) $65.00 ($60.00 + $5.00 credit card processing fee)
	Charge my VISA MasterCard (please circle one) $80.00 ($60.00 + $15 late fee + $5.00 credit card processing fee)

Card Number:		V-code (last 3 digits on back of card):	
Name as it appears on Card:		Expiration Date:	
Signature:			

UMBC, Department of EHS~PACE, Sherman Hall, A-Wing, Room 303, 1000 Hilltop Circle, Baltimore, MD 21250

~OR~ Fax to 410-455-3045

PNCCT Renewal Policy Effective 2024

CONTINUING EDUCATION COURSE INFORMATION

The information provided below must be verified and signed by your training officer OR medical director.

(PLEASE PRINT).

DATE	LOCATION	TOPIC	HOURS

Training Officer/Medical Director Name:	Phone #:
Signature:	Date:

PNCCT Renewal Policy Effective 2024

CERTIFICATIONS	
EMT-P/RN/MD or other health care professional license **PLACE COPY OF CARD HERE**	**PNCCT^{SM} card** **If you do not have your original card, please indicate date of course, location and expiration date** **PLACE COPY OF CARD HERE**
PALS/PEPP/ENPC/PPC **PLACE COPY OF CARD HERE**	

I understand that if I submit my request within 90 days past the recommended renewal date I will incur an additional $15 late fee and that if my renewal is submitted after the 90-day grace period, I will not be considered for renewal.

Initial Here:_____