PEDIATRIC & NEONATAL CRITICAL CARE TRANSPORT PROGRAM

PNCCT(SM)

April 5-13, 2025

PNCCT^(SM) Provider Course Registration Fee: \$825.00 (includes the PNCCT^(SM) resource guide)

ALL REGISTRATIONS MUST BE FAXED OR POSTMARKED BY March 24, 2025.

(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 EDHS/PACE 900 WALKER AVE BALTIMORE, MD 21228 ~OR~

10	u may tax	t your r	registration forn	n and	a credit card information	on to	(410)455-6713.		
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Home Address:									
City, State, Zip:									
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Please ensure	that you e	nclose/	include copies of	the P	NCCT sm Course Pre-requis	sites:			
State NRP/RN/Other License #:			•	State:			Exp. Date:		
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CPR Exp. Date:			PALS/PEPP/PPC or ENPC E			o. Date:			
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PNCC	er Cours	se April 5-13, 2025	5-13, 2025 (resource guide included)				\$825.00		
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Please charge my VISA/ MasterCard/Discover (please circle one) >>>>>									
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After the withdraw □ All course materi □ A \$45.00 fee will be □ UMBC reserves the	nd request for ref	unds must b suition will b turned PR returned ch any course c	be forfeited. RIOR to the initiation of the check. due to insufficient enrollmen	ne refur t. Tuitio	ior to the course start date, and is subjected. In will be refunded or transferred to anothing applicable) information that I may a signature:	her cour	se date at UMBC's expense.		
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 passwordprotected need-to-know basis. In addition, I understand that I may review my record of CAPCE-accredited course completions by contacting CAPCE. "

PNCCTSM PRE-COURSE PREP DAY

(OPTIONAL)

HELD via ZOOM ONLY

RECOMMENDED FOR NON-CRITICAL CARE PROVIDERS

FRIDAY, APRIL 4, 2025 0800-1700

REGISTRATION FEE - \$150.00

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).

Attendees of the PNCCTSM PRE-COURSE PREP DAY will receive eight (8) hours of continuing education.

Topics to be Covered Include:

Medication calculations/drips

Basic introduction to hemodynamic monitoring (A lines, CVP, ICP, PA)

CSHN (trach, long term vascular access, feeding tubes)

Basic introduction to Congenital Heart Disease

Mechanical Ventilators

Mail your registration and payment (check made payable to "UMBC") to: University of Maryland, Baltimore County – Dept. of EDHS/PACE 900 Walker Avenue Baltimore. MD 21228

You may fax your registration form with credit card information to (410) 455-6713.

Name	e:										
Ema	il:										
Local Addres	S:										
City, Sate, Zi	p:										
Phon	e:		Altern	ate Phone:							
						Enter Amount					
PNCCT Pre-Course		\$150.00									
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Please charge my VISA MasterCard (please circle one) >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>											
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Cancellations/Refunds											
*All cancellations and request for refunds must be made in writing six (6) weeks prior to the course start date, and is subject to a \$45.00											
withdrawal fee. After the withdrawal deadline all tuition will be forfeited.											
*A \$45.00 fee will be charged for any returned check. *UMBC reserves the right to cancel any course due to insufficient enrollment. In the event of cancellation tuition will be refunded or transferred											
to another course date at UMBC's expense.											

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