

PEDIATRIC & NEONATAL CRITICAL CARE TRANSPORT PROGRAM

PNCCT^(SM)

Sept 9-12 & 16-19, 2024

Children's National Medical Center

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

ALL REGISTRATIONS MUST BE FAXED OR POSTMARKED BY August 26, 2024
(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 EHS/PACE

900 WALKER AVENUE

BALTIMORE, MD 21228

~OR~

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

Name:			
Email:			
Home Address:			
City, State, Zip:			
Phone:		Alternate Phone:	

Please ensure that you enclose/include copies of the PNCCTsm Course Pre-requisites:

State NRP/RN/Other License #:		State:	Exp. Date:
NREMT #:		Exp. Date:	
CPR Exp. Date:		PALS/PEPP/PPC or ENPC Exp. Date:	

	Enter Amount
PNCCT^(SM) Provider Course Sept. 2024 (resource guide included)	\$825.00
Credit Card Convenience processing fee (add to balance above)	\$ 5.00
Please charge my VISA/ MasterCard/Discover (please circle one) >>>>>>	
Enclosed is my check in the amount of >>>>>>>>>>>>>>>>>>>>>>>>>>>>	

Card Number:		V-code: (last three digits on back of card)	Expiration Date:
Address if different from above:		Name as it appears on Card:	
		Signature:	

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.

All course materials must be returned **PRIOR** to the initiation of the refund.

A \$45.00 fee will be charged for any returned check.

UMBC reserves the right to cancel any course due to insufficient enrollment. Tuition will be refunded or transferred to another course date at UMBC's expense.

I understand that if I have not provided complete state license and NREMT (if applicable) information that I may not receive credit for this course.

Signature: _____

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 password-