

CRITICAL CARE EMERGENCY MEDICAL TRANSPORT PROGRAM CCEMTP(SM)

July 13-26, 2025 \$1250.00

ALL REGISTRATIONS MUST BE FAXED <u>OR POSTMARKED BY JULY 3, 2025 for the 2025 course.</u>

(To register after the deadline, contact our offices directly at 410-455-3584.)

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 packet will be sent upon receipt of registration and payment.

Mail this completed form and your check made payable to "UMBC" to:

University of Maryland, Baltimore County Dept. of EDHS/PACE 900 Walker Avenue Baltimore, Maryland 21228

OR, you may fax your registration form with credit card information to (410) 455-6713

	Name:				
	Email:				
	Home Address:				
	City, State, Zip:				
	Home Phone:		Alternate Phone:		
	NRP Lic. #:		Exp. Date:		
(Please attach copy with registration)					
EMT-P, RN, MD License #:			State:	Exp. Date:	
(Please atta	ich copy with registration				
			Enter Amount		
	2024 CCEMTP(SM) Provider Cou				
	Enclosed is my check in the amount of >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>				
	Credit Card Convenience processing fee (add to balance above)\$ 5.00			\$	5.00
	Please charge my VISA MasterCard Discover (please circle one) >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>				
	***I HAVE ENCLOSED COPIES OF MY PROFESSIONAL LICENSURE ***				
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Card	V-code:			Expiration Date:	
Number:	(last three digits on back of card)				
Address if different		Name as it a	ppears on Card:		
from above:		0: 1			
nom above.		Signature:			
Cancellations/Refunds *Cancellations/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. Thereafter, 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. In the event of cancellation, 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:

[&]quot;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-protected need-to-know basis. In addition, I understand that I may review my record of CAPCE-accredited course completions by contacting CAPCE. "