



UMBC

Professional and Continuing Education

DEPARTMENT OF EMERGENCY HEALTH SERVICES

PARAMEDIC REFRESHER

MEETS THE GUIDELINES FOR REREGISTRATION PURPOSES FOR NATIONAL REGISTRY

PLEASE INDICATE WHICH COURSE YOU WILL BE ATTENDING WITH AN 'X' OR CHECKMARK

	March 4-7, 2025	\$450.00 attending in person
	March 4-7, 2025	\$425.00 attending via Zoom
	November 11-14, 2025	\$425.00 will be Zoom ONLY

Please type or print clearly.

Mail this completed form (page 1 only) and your check made payable to "UMBC" to:

UMBC – DEPARTMENT OF EHS/PACE 900 WALKER AVE., 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:	
State EMT-P License #:		State:	Exp. Date:
NRP License #:		NRP Exp. Date:	
X or ✓	PLEASE SELECT OPTIONS		
	November 19-22, 2024 Paramedic Refresher Course VIA ZOOM		\$425.00
	March 4-7, 2025 Paramedic Refresher Course VIA ZOOM		\$425.00
	March 4-7, 2024 Paramedic Refresher Course IN PERSON		\$450.00
	UMBC-EHS Student/Alumni discount - \$35.00 (<u>graduation year</u>)		
	Credit Card Convenience processing fee (add to balance above) >>>>>		\$ 5.00
	Please charge my VISA/ MasterCard/Discover (please circle one) >>		
	Enclosed is my check made out to UMBC in the amount of >>>>>		
Card Number:		V-code: (last 3 digits on back of card)	Expiration Date:
Address if different from above:		Signature:	
		Name as it appears on Card:	
Cancellations/Refunds			
<input type="checkbox"/> All cancellations/request for refunds must be made in writing two (2) 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. even if registered within the 2 week period.			
<input type="checkbox"/> A \$45.00 fee will be charged for any returned check.			
<input type="checkbox"/> 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/or NRP information that I may not receive credit for this course.

Signature: _____

I have read and understand the cancellation/refund policy.

Signature: _____

IF REGISTERING FOR ZOOM:

I have read and agree to ALL Zoom policies. See p2

Signature: _____

A confirmation letter, directions, map and additional info will be sent via email upon receipt of registration and payment.

ZOOM:

- **Persons wishing to participate via Zoom will be required to review/acknowledge the policies and procedures posted on our website : <http://ehspace.umbc.edu/ParamedicRefresher/Zoom/>**
- **All Zoom participants will be required to attend 100% of the time* just as you would in person.**
- **Please only select to attend via this option if you can meet the minimum technical requirements and agree to the policies established.***
- **If you do not meet the attendance policy, you will not earn the full hours. Your connection issues to WiFi, the internet or meeting platform are your CEU problem. Please have a backup plan, like a second device (iPad, phone, etc.) with the meeting technology app already installed. CEUs WILL NOT be granted for missed time due to computer, WiFi, or technology excuses. If you are not savvy with a computer and/or meeting technologies, please reconsider Zoom and attend IN PERSON.**

ALL students will receive access to the handout website, this information will be included in your electronic confirmation packet. There will not be any handouts in person since you can access them electronically.

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). EMS providers must provide both NREMT # and expiration date (if applicable) and state license and expiration date to receive CAPCE credit.

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.