

## CRITICAL CARE EMERGENCY MEDICAL TRANSPORT PROGRAM CCEMTP(SM)

July 12-25, 2026 \$1300.00

## ALL REGISTRATIONS MUST BE FAXED <u>OR</u> POSTMARKED BY JULY 3, 2026 for the 2026 course.

(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 attach copy with registration)  |   |                  |  | _                |
|   |   |                  |  | Enter Amount     |
|   | <b>2026 CCEMTP</b> (SM) Provider Course (resource guide included) \$1300.00 |                  |  |                  |
|   | Enclosed is my check in the amount of >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>   |                  |  |                  |
|   | Credit Card Convenience process   |                  |  | \$ 5.00          |
|   | Please charge my VISA MasterCard Discover (please circle one) >>>>>>        |                  |  |                  |
|   | ***I HAVE ENCLOSED COPI   | ES OF MY         | Y PROFESSIONAL LICENSURE ***                                     |                  |
|   |   |                  |  |                  |
| Card  |   |                  | V-code:  | Expiration Date: |
| Number: Address if  | T   |                  | (last three digits on back of card)  Name as it appears on Card: |                  |
| different   |   |                  | Name as it appears on Card.                                      |                  |
| from above:   |   |                  | Signature:   |                  |
|   |   |                  | Oignature.   |                  |
| *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.  **Lunderstand that if I have not provided complete state lineage and NREMT (if applicable) information that I way not receive credit for this course. |   |                  |  |                  |

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:

<sup>&</sup>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. "