CRITICAL CARE
EMERGENCY MEDICAL TRANSPORT PROGRAM
CCEMTP(SM)

	July 11-24, 2027	**$1300.00**

ALL REGISTRATIONS MUST BE FAXED OR POSTMARKED BY JULY 2, 2027 for the 2027 course.
(To register after the deadline, contact our offices directly at 410-455-3223.)

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
1000 Hilltop Circle
Sherman Hall room 319
Baltimore, MD 21250

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. #: (Please attach copy with registration)		**Exp. Date:**	
EMT-P, RN, MD License #: (Please attach copy with registration)		**State:**	**Exp. Date:**

		Enter Amount
	2027 CCEMTP(SM) Provider Course (resource guide included)	**$1300.00**
	Enclosed is my check in the amount of >>>>>>>>>>>>>>>>>>>>>>	
	Credit Card Convenience processing fee 3% (add to balance above)	**$ 39.00**
	Please charge my **VISA MasterCard Discover** (please circle one) >>>>>>>>>>>>>>>	
	***I HAVE ENCLOSED COPIES OF MY PROFESSIONAL LICENSURE ***	

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
*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: _____

"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. "

Revised 04/2026