

COURSE REQUIREMENTS

Must be an EMT-B to register for this class.

CE'S

This course has been approved by the Illinois Department of Public Health for 24-hours of continuing education credit.

PAEMS Medical Director

Cheryl Colbenson, DO

Education Coordinator

Dale Tippett, EMT-P

PAEMS System Manager

Dave Klings, RN



EMT-BASIC REFRESHER

Saturdays
August 4 – 18, 2012
8am - 5pm



COURSE DESCRIPTION

The EMT-Basic 24-hour Refresher curriculum is designed to provide an educational experience with a wide range of didactic and psychomotor skills necessary for functioning as an EMT-Basic. The course includes lecture and hands-on skills labs in the areas of:

- Preparatory (operations)
- Airway (basic and optional modules)
- Patient Assessment
- Medical/Behavioral Emergencies
- Trauma
- Obstetrics, Infants, Children

This course is designed to be a supplement for a student who has already completed an EMT-Basic course.

COURSE LOCATION

Peoria Area EMS System Office
605 NE Jefferson Ave.
Peoria, IL 61603
For additional information, call (309) 655-2113.

CANCELLATION POLICY

- No refunds will be given once payment is accepted at the EMS Office.
- 10 or more participants are required for each class. Class will be cancelled if less than 10 participants are registered.
- If the EMS Office cancels the course, participants will automatically be registered for the next available course.
- Non-attendance will result in the forfeiting of the course fee. Non-attendance includes cancellation with less than 24 hours notice.
- If registration is cancelled 24 hours or more prior to the start of the course, the participant will be enrolled in the next available course.
- The EMS Education Coordinator and the EMS System Manager have the ability to make exceptions to the cancellation policy.

REGISTRATION INFORMATION

Fee: \$75

Deadline: Registration form and payment due July 20, 2012.

Mail to: Peoria Area EMS
OSF Saint Francis Medical Center
605 NE Jefferson Ave.
Peoria, IL 61603

REGISTRATION FORM

EMT-Basic Refresher, August 4-18, 2012

Must attend all three sessions.

Send completed form and payment by July 20, 2012.

Please Print

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Day Phone _____

Email _____

Department Affiliation _____

PAYMENT INFORMATION

Check (*payable to OSF Saint Francis Medical Center*)

Master Card Visa Discover

Account Number

Exp. Date

Signature