

COURSE REQUIREMENTS

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

CEs

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



OSF Saint Francis Medical Center
530 NE Glen Oak Avenue
Peoria, Illinois 61637

EMT-BASIC REFRESHER

Saturdays
October 11-25, 2014
9am - 5pm



 **OSF**
SAINT FRANCIS
MEDICAL CENTER

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

OSF Saint Francis Medical Center
530 NE Glen Oak Avenue
Peoria, Illinois 61637
For additional information, call (309) 624-3101.

CANCELLATION POLICY

- 10 or more participants are required for each class. Class will be cancelled if less than 10 participants are registered.
- 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: \$225⁰⁰

Deadline: Registration form and payment due 14 days prior to start of class.

Mail to: Dale Tippett
OSF Saint Francis Medical Center
530 NE Glen Oak Avenue
Peoria, Illinois 61637

REGISTRATION FORM

EMT Basic Refresher – must attend all days
October 11 - October 25, 2014

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 _____