Paramedic Refresher Course

OFFERED BY:

CENTER FOR PREHOSPITAL CARE, EDUCATION AND RESEARCH
Loma Linda University and Medical Center
11155 Mountain View Ave, Suite 220
Loma Linda, CA 92354

Office Hours: Monday – Thursday
8:00 a.m. – 5:00 p.m.

Phone: (909) 558-7611
Fax: (909) 558-7934
Online: www.lluems.com

COURSE DATES AND TIME

Monday – February 5, 2007 8:00 am – 5:00 pm
Trauma and EMS Operations

Tuesday – February 6, 2007 8:00 am – 5:00 pm
Medical Emergencies

Wednesday – February 7, 2007 8:00 am – 5:00 pm
Obstetrics and Pediatrics

Thursday – February 8, 2007 8:00 am – 5:00 pm
Obstetrics and Pediatrics

Friday – February 9, 2007 8:00 am – 4:30 pm
Optional Cardiac Topics Day

COURSE LOCATION

Drayson Center – Collins Auditorium
Loma Linda University
25040 Stewart Street
Loma Linda, CA 92350

Approved for 32 contact hours by the San Bernardino County EMS Agency, provider #62-0069
GENERAL INFORMATION – PARAMEDIC REFRESHER COURSE

Renewing your NREMT-P certification requires 48 hours of refresher training, in addition to continuing education and skills requirements (see below). Many paramedics renewing their NREMT-P certification find an approved Refresher Course to be the most convenient way of fulfilling the 48 hours refresher training requirement. **Loma Linda University’s 32 hour Paramedic Refresher Course** is designed to meet the full 48-hour Refresher Course requirement when combined with a full 16-hour ACLS provider course, or when combined with an 8-hour ACLS renewal course and our Optional 8-hour Cardiac Topics Day. Please note that skills testing and sign-off is **not** part of this paramedic refresher course; you should contact your agency medical director or training officer for this requirement.

**COST**
$250 per person

**LATE FEE**
A $25.00 late fee applies to all registrations after January 22, 2007.

**REFUNDS/CANCELLATIONS**
Refund requests must be in writing and be faxed or postmarked no less than 14 days prior to the start of the course. A $50.00 administrative fee will be assessed on refund requests.

*In the event the course is cancelled due to insufficient participation, a full refund will be provided.*

RENEWING YOUR NREMT-P

To renew your NREMT-P the following requirements must be met:

1. Be actively working within an EMS service, rescue service, or patient care facility using ALS skills
2. Complete a 48 hour Refresher Course
3. Obtain CPR Certification current to your March expiration date
4. Obtain ACLS current to your March NREMT-P expiration date
5. Complete 24 hours of additional EMS continuing education
6. Maintain skills as verified by your physician medical director and ACLS current to your March expiration date

* For NREMT-P cards expiring March 31, 2007, all documentation must be submitted to the National Registry and postmarked no later than March 31, 2007. All continuing education used towards a renewal must be completed during the two-year registration cycle.

More information on National Registry re-registration requirements, procedures, and forms is available at [www.nremt.org](http://www.nremt.org)

PARAMEDIC REFRESHER COURSE REGISTRATION

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Loma Linda University Medical Center
11155 Mountain View Ave, Suite 220
Loma Linda, CA 92354

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Phone: (909) 558-7611  Fax: (909) 558-7934
Online: [www.lluems.com](http://www.lluems.com)

REGISTRATION INFORMATION

Name: __________________________
Address: _________________________
City: _____________________________ State: _______ Zip: ______________
Telephone Number: __________________________
E-mail: ____________________________
Employer Affiliation: ____________________________
State EMS License Number: ____________________________
County EMS Certification Number: ____________________________

PAYMENT METHOD (NO CASH OR PERSONAL CHECKS)

Course Fee Paid: _____ $250 Regular _____ $275 Regular, after 1/22/07 (check one) _____ $60 ADD Optional Cardiac Topics Day

☒ Money Order/Cashiers Check, enclosed – *sorry, no personal checks* (make payable to Loma Linda University)
☒ Visa
☒ MasterCard
☒ American Express

Card Holder’s Name: ____________________________ Billing Zip Code: _____
Account Number: ____________________________ Exp: _______
Security Code*: _________ Signature: __________________

*Cardholder agrees to terms of service and charges shown above and agrees to perform the obligations set forth in the card holder’s agreement with the issuer.

* The Security Code is a 3 digit number on the back of your card, usually on the signature line.