



CCEMT – P

This course is designed to prepare paramedics and nurses to function as members of a critical care transport team. Participants will gain an understanding of the special needs of critical patients during transport, become familiar with the purpose and mechanisms of hospital procedures and equipment, and develop the skills to maintain the stability of hospital equipment and procedures during transport. Recommended minimum certification in CPR, ACLS, ITLS or PHTLS, PALS/PEPP; PPC, and one year experience.

FEE: \$900.00

DATES: Sept. 2, 9, 16, 23, 30, Oct. 7, 14, 21, 28,
Nov. 4, 11, 2011

TIME: Fridays , 8:30 a.m. – 5:00 p.m.

LOCATION: Cuyahoga Community College
Westshore Campus
31001 Clemens Road
Westlake, OH 44145
Room: TBA

CLASS SIZE: 15 Maximum

COURSE #: TBD

REGISTRATION: Call Gwen Kovach @ 216-987-5429 or
Marcey Virant @ 216-987-5060
to ensure an orderly registration process.

ADVANCED EMS TRAINING



EMT ADVANCED Training Registration Form

I will be attending: Fall _____ Spring _____ Summer _____

Please Print and Complete All Items

New Student Returning Student Last Attended:
Month Year

Personal Information				
SS# (required): _____				
Name _____				
<small>Last</small>	<small>First</small>	<small>MI</small>	<small>Maiden</small>	
Address _____				
<small>Number</small>		<small>Street</small>	<small>Apt. No.</small>	

<small>City</small>	<small>State</small>	<small>Zip</small>	<small>County</small>	
Phone _____				
<small>Area Code</small>		<small>Number</small>		
E-Mail _____				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female				
Ethnic Code <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan				
<input type="checkbox"/> White (non-hispanic) <input type="checkbox"/> Asian, Pacific Islander, Indian Subcontinent				
<input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____				
Date of Birth _____				
(required)				
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No				

Employment Information				
Dept _____				
Position _____				
Address _____				
<small>Number</small>		<small>Street</small>		

<small>City</small>	<small>State</small>	<small>Zip</small>	<small>County</small>	
Phone _____				
<small>Area Code</small>		<small>Number</small>		
FAX _____				
<small>Area Code</small>		<small>Number</small>	<small>Extension</small>	

Mail or FAX In Registration	
Payment Type	
<input type="checkbox"/> Bill Company	P.O # _____ *
<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Money Order
<input type="checkbox"/> Master Charge	Exp. Date _____
<input type="checkbox"/> Visa	Exp. Date _____
<input type="checkbox"/> Discover	Exp. Date _____
V code _____	
Account Number	_____
Name on Card	_____
Signature	_____

Registration Information:

Please make checks payable to Cuyahoga Community College.

To register over the phone, please call (216) 987-5429 or 5060.

Mail registrations to Cuyahoga Community College; 11000 Pleasant Valley Rd.; Fire Trailer; Parma, OH 44130. Attn: Gwen

Fax registrations to (216) 987-5468.

***NOTE: If your dept. is paying, you must fax or include a copy of the purchase order or Letter of Intent.**

Course Reference Number					Course Title		D	B
					CCEMT-P		9/2/11	\$900.00

