# CRITICAL CARE
# EMERGENCY MEDICAL TRANSPORT PROGRAM
## CCEMTP(SM)

**February 5 thru February 18, 2012**

**CCEMTP(SM) Registration Fee: $850.00**
**(includes CCEMTP(SM) Resource Guide)**

**Continuing Education Credit**
This continuing education activity is approved by UMBC, an organization accredited by the Continuing Education Coordinating Board of Emergency Medical Services (CECBEMS).

Please type or print clearly. A confirmation letter, list of area hotels, directions and map will be sent upon receipt of registration and payment.

Mail this completed form and your check made payable to **"CareFlite"** to:

CareFlite
3110 S. Great Southwest Parkway
Grand Prairie, Texas 75052

| | | | |
|---|---|---|---|
| Name: | | | |
| Email: | | | |
| Address: | | | |
| City, Sate, Zip: | | | |
| Phone: | | Alternate Phone: | |
| NREMT-P Lic. #: | | Exp. Date: | |
| EMT-P, RN, MD License #: | | State: TX | |
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|---|---|---|---|---|
| | | | | Enter Amount |
| | **CCEMTP(SM)** Provider Course (resource guide included) | $ 850.00 | | |
| | **Enclosed is my check in the amount of >>>>>>>>>>>>>>>>>>** | >>>>>>> | >>>>>>> | |
| | | | | |
| | Please charge my **VISA** **MasterCard** (please circle one) >>>>>>>>>>> | >>>>>>> | >>>>>>> | |

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|---|---|---|---|
| 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: | |

**You may fax your registration form with credit card information to (972) 642-1603.**

**Registration and Payment Information:**
**Bridgett LaStrapes-** blastrapes@careflite.org (972)264-9094

**Course Coordinator:**
**Rebecca Brazeal – rbrazeal@careflite.org (214-542-4448)**