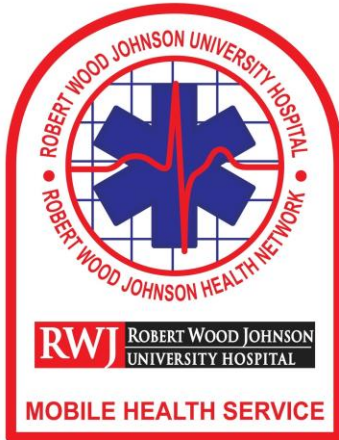


RWJ

ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL



MHS Education Division

Phone: 732.937-8686

Fax: 732.418-8199

E-mail: mhs@rwjuh.edu

Website: www.rwjuh-mhs.org

2014 Basic Prehospital (EMT) Continuing Education Programs

Check our website for the most current list and more detailed information about each of our courses.

- We offer CORE, ELECTIVE and TRANSITION (EMT-B to EMT) programs
- NJ EMT continuing education units (CEU) issued
- The National Registry of EMTs accepts New Jersey EMT CEUs on a one-for-one basis towards re-registration
- The Commonwealth of Pennsylvania accepts NJ EMT Elective CEUs on a one-for-one basis
- Several programs available to be conducted at your site

RWJ ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL

MHS Education
126 Paterson Street
New Brunswick, NJ 08901



13 January 2014

CPR / BASIC LIFE SUPPORT COURSES

American Heart Association

BLS for HEALTHCARE PROVIDER

The NJ DOH OEMS allows NJ EMT-Basics to individually apply for 2 Elective CEUs per calendar year for CPR renewal

INITIAL PROVIDER	\$65* (plus \$12 text)
Sessions run 6:00pm -10:30 pm. Register for ONE session.	
January 14 or 23	February 5 or 24
March 10 or 27	April 08 or 21
May 07 or 29	June 12 or 16
July 14 or 22	August 12 or 28
September 9 or 23	October 7 or 30
November 11 or 20	December 09

Skills Validations for ON-LINE RENEWAL \$37*

(Current textbook is available for additional \$12)
Register for one session starting at 3:30, 4:00, 4:30, 5:00, 5:30, 6:00, 6:30, 7:00, 7:30, 8:00, 8:30, 9:00pm on:

January 16 or 21	February 4 or 27	March 18 or 31
April 16 or 28	May 12 or 29	June 03 or 19
July 16 or 24	August 20 or 25	September 17 or 30
October 15 or 20	November 10 or 25	December 9

A note about Skills Validation for Online Renewal registration:
An American Heart Association BLS for the Healthcare Providers card that is current on the date of the skill session is required to register. There is no extension or grace period by starting this process. Students must also submit a copy of the certificate on completion of the online renewal (www.onlineaha.org) no more than 60 days prior to their skill session. Candidates must come prepared and should take no more than 30 minutes for their skill session. Students who require significant remediation will be directed to repeat an Initial Healthcare Provider course.

**The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the AHA.*

BLS Instructor Workshop

This workshop prepares participants to offer the entire array of AHA CPR, AED, and First Aid programs. Qualified candidates must have a:

- Current BLS for Healthcare Providers card
- Documented sponsorship from an American Heart Association Training Center
- Mastery of BLS and CPR information and skills from the 2010 Guidelines for CPR and ECC.
- Commitment to teach a minimum of two courses per year for their sponsoring AHA Training Center.

The process begins with verification of model CPR skills and written testing. Candidates who demonstrate adequate skill performance may continue in the workshop. The process concludes with successful participants being monitored while teaching in an actual course which is mutually scheduled. Contact us for our next scheduled Workshop.

NJ EMT INITIAL TRAINING

Course specifics are still under developments. Details are pending.

This program prepares candidates for certification as an Emergency Medical Technician according to the current New Jersey implementation of the USDOT National EMS Education Standards.

Total class time is approximately 252 hours, will vary by student, and does not include out of class assignments and study. It also does not include our program's additional pertinent enrichment education and structured hospital clinical experiences at Robert Wood Johnson University Hospital beyond the minimum state requirements. Eligible adult graduates will be offered endorsement to take the current EMT written certification examination.

Proposed Schedule

- o February 3 through May 14 (class does not meet on holidays – contact us for all the class dates)
- o Mondays and Wednesdays from 9:00am to 5:00pm

Preregistration directly with us is required.
We do not accept walk-ins or registrations via the NJ DOH OEMS certification platform/learning management system

(LMS) even though our courses are listed there. For more information, please contact us.

Phone: (732) 937-8686

e-mail: mhs@rwjuh.edu

Internet: www.rwjuh-mhs.org

NJ EMT REFRESHER CEU OFFERINGS
Eligible for Core or Elective CEUs

EMT Transition (D)

EMT-B to new EMT Scope of Practice

\$40

8 CEUs

- o March 25 9:00 am to 6:00 pm
- o November 1 9:00 am to 6:00 pm

EMT Review (E)

Topics and skills common to EMT-B and the new EMT scopes of practice

\$80

16 CEUs

- o March 20-21 9:00 am to 6:00 pm
- o October 25-26 9:00 am to 6:00 pm

NJ EMT ELECTIVE CEU OFFERINGS
The National Registry of EMTs accepts NJ EMT CEUs toward EMT re-registration.

PEARS - PEDIATRIC EMERGENCY ASSESSMENT, RESUSCITATION AND STABILIZATION

\$120* (plus \$31.00 text)

8 elective CEUs

- o March 1 8:00 am – 5:00 pm
- o August 26 8:00 am – 5:00 pm

PEPP Hybrid - PEDIATRIC EDUCATION FOR PREHOSPITAL PROFESSIONALS – BASIC

\$50 (plus \$90 to purchase text and access code OR \$25 to rent book and access code)

8 elective CEUs

- o April 5 8:00 am - 12:30 pm
- o September 15 8:00 am - 12:30 pm

GEMS - GERIATRIC EDUCATION FOR EMS – BASIC

\$100 (plus \$75.95 text)

8 elective CEUs

- o May 8 8:00 am - 5:00 pm
- o November 3 8:00 am - 5:00 pm

PTHLS - PREHOSPITAL TRAUMA LIFE SUPPORT

COMBINED PROVIDER

16 elective CEUs

\$210 (plus \$65 text)

- o March 15-16 8:30am -5:30pm
- o June 7 -8 8:30am -5:30pm
- o July 12-13 8:30am -5:30pm
- o August 03-04 8:30am -5:30pm
- o September 20-21 8:30am -5:30pm
- o November 08-09 8:30am -5:30pm
- o November 22-23 8:30am -5:30pm

PTHLS - PREHOSPITAL TRAUMA LIFE SUPPORT

COMBINED REFRESHER

8 elective CEUs

\$130 (Current text available for additional \$65)

- o February 02 8:30am - 5:30pm

- o April 10 8:30am - 5:30pm
- o May 16 8:30am - 5:30pm
- o June 02 8:30am - 5:30pm
- o October 19 8:30am - 5:30pm
- o November 24 8:30am - 5:30pm

THE FOLLOWING COURSES ARE AVAILABLE FOR GROUPS OF 12 OR MORE.
Contact us to schedule one or more programs for your EMS agency.

MEDICAL ETHICS IN EMS

3 elective CEUs

Covers out-of-hospital do-not-resuscitate (DNR) orders and advance directives.

ANAPHYLAXIS EPI-PEN TRAINING

\$15 per person

3 elective CEUs

Standardized orientation for EMTs in NJ agencies providing their own standing-order epinephrine auto-injector therapy.

CDC FIELD TRIAGE DECISION SCHEME

(formerly Trauma Triage and Transport) 3 elective CEUs

Presents guidance for selecting the appropriate receiving facility and method of transport for NJ trauma patients.

PREHOSPITAL MANAGEMENT OF TRAUMATIC BRAIN INJURY

3 elective CEUs

Brain Trauma Foundation course presenting optimal pre-hospital management strategy for brain injured patients from evidence-based guidelines.

ATT - ASSESSMENT AND TREATMENT OF TRAUMA

\$180.00 (includes textbook)

8 elective CEUs

10 CECBEMS Continuing Education Hours (CEH)

This course presents state-of-the-art pre-hospital trauma assessment and management, based on the most current medical information and best practices. This highly interactive course covers the critical knowledge and skills necessary to rapidly evaluate, stabilize, and transport the trauma patient.

Completion of the Pre-course work online is required before class. Your textbook, included in the tuition fee, contains your individual online access code.

EMT-PARAMEDIC INITIAL TRAINING

RWJUH MHS selectively offers qualified EMT clinical sponsorship to the Union County College (UCC) EMT-Paramedic Training Program. Sponsorship is competitive, requires application, limited to 12 per year, involves selection interviews, and does not guarantee admission to UCC. Contact our EMS Clinical Coordinator for details. More information is available at www.ucc.edu/go/medic.



13 January 20144

Registration, Refund and Cancellation Information

- ALL REGISTRATIONS MUST BE PRE-PAID. No seats will be reserved or certificates/credit awarded without payment.
- No refunds or credits will be issued for incomplete coursework, failures, or absences.
- Except where noted, refunds for cancellations will be based on the number of BUSINESS DAYS BEFORE THE COURSE the cancellation is RECEIVED according to the following schedule:
 - 10 OR MORE: Full refund minus the cost of any issued materials unless they are returned in brand new condition (no damage, wear, marks or writing) **BEFORE the start of the class.**
 - LESS THAN 10: No refund.
- Student substitutions for a particular course are allowed up to the end of the business day before the course begins without fee or penalty.
- Available seats are filled on a first come-first served basis. Only preregistered students will be notified if the course is cancelled or rescheduled. MHS Education reserves the right to reschedule or cancel seminars for lack of interest as measured by the number of preregistered students.
- RWJUH (New Brunswick) employees should contact us at 732-937-8686 (hospital x8686) for special registration information.
- Telephone or e-mailed registrations will not be accepted.
- Registrations made on the on-line NJ OEMS Learning Management System for NJ EMS providers are not automatically confirmed or a substitute for our registration form and payment, unless otherwise specified.
- When courses are filled, we accumulate a waiting list for applicants who submit complete registrations. As openings become available, applicants on the waiting list will be contacted based on the information on the registration form in the order their registrations were received and will be given one business day to accept the offered opening. No reply will be considered declining the offer and the next applicant will be contacted.
- Information about cancellations for weather or extenuating circumstances will be available from the recorded message at 732-253-3490. This is RWJUH New Brunswick extension 3490.

Register by fax or mail

- Registrations with credit card payment can be faxed to 732-418-8199 with a cover sheet to "Course Registration."
- A fee will be assessed for returned checks and certificates/credit will be withheld until payment has been completed.
- Students should complete the registration form, which may be duplicated, and send it with payment to:

**MHS Education
126 Paterson Street
New Brunswick, NJ 08901**

Using the NJ EMT Training Fund

1. Students using the NJ EMT Training Fund for Core course payment MUST mail both a completed registration form and a Certificate of Eligibility for a Continuing Education Course (available in [Adobe .pdf format](#) or [Microsoft Word format](#)) to the above address.
 - A separate training fund form must be provided for each course. One form cannot be used for multiple courses.
2. The training fund eligibility form must:
 - carry an original signature in pen (Copies or faxes of signed forms are not acceptable. We must submit the original to OEMS.)
 - be signed by a principal officer of the volunteer first aid or rescue squad (i.e., Captain/Chief, President, Treasurer) other than the student applying for the course. Squad officers cannot sign their own forms.
3. In the event of incomplete coursework, failure, or absence (i.e., CEU credit is not awarded) the student will be responsible for full tuition and billed according to our cancellation policy. Students with an outstanding balance will have other current course registrations withdrawn and not be permitted to register for another course using the EMT Training Fund until full payment is made.



Mobile Health Service -- MHS Education Course Application
 MHS Education, 1 RWJ Place, Box 2601, New Brunswick, NJ 08903-2601
 Office 732-937-8686 | Fax 732-418-8199 | www.rwjuh-mhs.org

Course Title: _____
Course Date(s): _____

Text Options: Purchase from RWJUH I possess or will obtain by other means.

Optional selections:
 ACLS ECG Review ACLS Pharmacology Review BLS renewal at ACLS

Required attachments:
 Copy of valid BLS for Healthcare Providers card or
 BLS pending at RWJUH on _____
 Payment, credit card info, or EMS Education Waiver Application

Registration acknowledgement by: E-mail or Telephone

Course Materials Delivery:
 Pick-up M-F 8:30 a.m.-5:00 p.m. at RWJUH EMS Education, 126 Paterson Street in New Brunswick (Recommended if registering within 2 weeks of course.)
 U.S. mail to registration address. (This may take 10 days to 2 weeks.)
 Interoffice/intercampus to RWJUH or UMDNJ unit/department: _____

Cancellation Policy: If RECEIVED less than ten BUSINESS DAYS before the course--NO REFUND. If RECEIVED 10 or more business days before the course--full refund if the issued material(s) are returned in brand new condition prior to the start of the course.

I checked that the above information is correct, understand and acknowledge the cancellation policy, and will bring a current textbook to class. Register me.
 SIGN HERE ► _____

Office Use Only: Acknowledged in person by phone e-mail.
 Student absent incomplete cancelled on _____ verbally in writing.
 CC Billed CC Rejected EW attached EW billed Invoiced Training Fund billed
 DATE RECEIVED _____ (Form saved 1/10/14, printed 1/10/14)

Forms that are incomplete or without payment will not be processed.

Name (Please print clearly.)

E-mail address (This is our default written communication.)

Address	_____		

Day phone	_____	Cell phone	_____
Eve phone	_____	EMS ID#	_____

Circle your healthcare professional role/level:
 MD/DO DDS/DMD PA APN RN LPN RespTx PhysTx MedStudent Paramedic EMT
 FR/FF/PD ATC Pharm CCT Other _____

New Brunswick healthcare campus affiliation, if applicable:
 RWJUH UMDNJ-RWJMS Unit/Department _____
 Check, if appropriate: Resident Fellow Faculty MedStudent

PAYMENTS: Tuition \$ Additional: Text \$ BLS renewal \$37 TOTAL: \$ _____
 CHECK OR MONEY ORDER payable to Robert Wood Johnson University Hospital
 # _____ \$ _____

CREDIT CARD	Circle one: AmericanExpress MasterCard Visa Discover		
Cardholder's Name	<input type="checkbox"/> Same as above		
Cardholder's Address	<input type="checkbox"/> Same as above		
Card Number	_____		
Expiration Date	_____	CVV or Security code	_____

Please read and sign below this statement: I agree to pay the total amount noted above per the card issuer agreement.
 Cardholder Signature _____