

**MPHC EMT
Refresher Courses**
Location: MPHC
Building 90 Fort Meade SD

DATES:

December 7-12, 2009*

January 11-16, 2010

February 8-13, 2010

March 8-13, 2010

* Critical Care Refresher

The course will follow the DOT National Standard Curriculum for the Basic, Intermediate, & Paramedic Refresher courses. The Critical Care Refresher follows both UMBC guidelines and the DOT National Standard Curriculum for the Paramedic Refresher course.



MPHC

**MPHC EMT
Refresher
Courses**



MPHC

PO Box 187, Bldg 90
Fort Meade SD 57741
Phone: 605-720-7117
Fax: 605-720-7119
E-mail: heds@heds.org
Website: heds.org

605-720-7117

MPHC EMT Refresher Courses

Faculty: Alan Johnson

Location: MPHC Bldg 90

Fort Meade SD

Class is limited to 25 students.

To register call Mountain Plains Health

Consortium at

605-720-7117

* You must register to attend *

Dates:

December 7-12, 2009*

January 11-16, 2010

February 8-13, 2010

March 8-13, 2010

**Critical Care Refresher*

The course will begin **PROMPTLY**

at 8:00AM Monday.

Continuing Education

This course will meet the refresher course requirements for Nationally Registered EMT's or can be used as continuing education units for those with state certification. The course will follow the DOT National Standard Curriculum for the Basic, Intermediate, & Paramedic Refresher courses. *Note: The Critical Care refresher follows the University of Maryland Baltimore County guidelines and the DOT National Standard Curriculum for the Paramedic Refresher course.*



Required Refresher Hours

EMT-Basics are required to attend the first 3 days (24 hours).

EMT- Advanced are required to attend the first 4 ½ days (36 hours).

EMT-Paramedics are required to attend all 6 days (48 hours) Note: The Critical Care Refresher also meets Paramedic Refresher requirements.



REGISTRATION EMT REFRESHER COURSES

Dec. 7-12, 2009* ♦ Jan. 11-17, 2010 ♦ Feb. 8 - 13, 2010 ♦ March 8 — 13, 2010

Fax this form to 605- 720-7119

If you are unable to FAX, call MPHC @ 605- 720-7117 with the following information:

Name _____

Employer _____

Street/PO Box _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Social Security Number XXX-XX-_____

Certification: (check one) EMT-B _____ EMT-I _____ EMT-P _____

Method of payment: Check enclosed _____ Make checks payable to: MPHC

Will pay at the course _____ Charge to MC or VISA _____

MC/VISA # (circle MC or VISA) _____ exp. date _____

Signature _____

Indicate your first choice with a "1" Indicate your second choice with a "2"

_____ December 7- 12, 2009 *Critical Care Refresher

_____ January 11- 16, 2010

_____ February 8 - 13, 2010

_____ March 8 - 13, 2010

MPHC Members	EMT Level	All Others
\$40	EMT-B	\$70
\$50	EMT-I	\$90
\$60	EMT-P	\$110
\$110	Critical Care	\$220

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