



Trenton Emergency Medical Service  
EMS Education Department



**ITLS**  
International Trauma Life Support



8<sup>th</sup> Edition Combined Provider , 16 CEU's

**Friday March 13, 2020 09:00AM-05:00PM**

**AND**

**Friday March 20, 2020 09:00AM-05:00PM**

This course will be held at Trenton EMS/Trenton Fire H.Q. 244 Perry Street Trenton, NJ 08618. Parking information and directions will be included in the pre-course packet.

**Course costs:**

TEMS & Capital Health Employees

No Charge – Employee is responsible to obtain the book. Book may be purchased through the education department at a cost of \$60.00.

ALL OTHERS

\$230.00 – book sold separately for \$60.00

Attention Trenton EMS Employees attending class at no charge:

Please be advised that registration for class constitutes acceptance of a work shift. Course cancellations outside of policy may result in performance and/or disciplinary consequences.

Trenton EMS does NOT accept New Jersey Volunteer EMT Training Fund vouchers for this course.

**Payment in FULL must accompany this registration.**

**To Register:**

Complete registration portion below and return with payment to:

Trenton EMS Education Dept.

P.O. Box 199

Trenton, NJ 08602

Please make checks payable to: Trenton EMS

Trenton EMS also accepts Visa/MasterCard/Discover

(checks will not be accepted as a form of payment less than 7 days from the course date)

**NO PHONE OR FAX REGISTRATIONS WILL BE ACCEPTED**

Questions? Call the EMS education department at (609) 393-0688 or email [kelmer@trentonems.com](mailto:kelmer@trentonems.com)

<b>I T L S</b>	NAME: _____		NJ 6 Digit OEMS ID _____	
	ADDRESS _____		CITY _____	STATE _____ ZIP _____
	Primary Phone _____		Email _____	
	NO REFUNDS WILL BE MADE FOR CANCELLATIONS RECEIVED LESS THAN 7 DAYS PRIOR TO COURSE DATE. SUBSTITUTIONS ACCEPTED. PLEASE BE PROMPT. PARTICIPANTS ARRIVING MORE THAN 15 MINUTES LATE WILL BE DENIED ENTRY.			
	APPLICANT SIGNATURE _____		DATE _____	
OFFICE USE ONLY: Date Received ____/____/____ Packet Sent ____/____/____				

**Capital Health Manager/Supervisor Signature:** \_\_\_\_\_