



EMERGENCY MEDICINE LEARNING & RESOURCE CENTER
3717 S. Conway Road · Orlando, FL · 32812 · (800) 766-6335 · www.emlrc.org

PARAMEDIC RECERTIFICATION/CONTINUING EDUCATION COURSE

***Florida Department of Health, Bureau of EMS Accredited
CECBEMS Accredited***

**October 18 & 19 and November 1 & 2, 2008
3717 South Conway Road, Orlando, Florida**

Faculty

**Ivan Mustafa, REMT-P, ARNP-C, MSN
John Todaro, REMT-P, RN, TNS, NCEE**

Saturday, October 18, 2008

8:00am – 5:00pm

EMS and the Law – 2 hours
Chest Trauma – 2 hours
Abdominal Trauma – 2 hours
Head Trauma – 2 hours

Sunday, October 19, 2008

8:00am – 5:00pm

Start Triage/JumpStart Triage – 2 hours
EMS ICS – 1 hour
Emergency Incident Rehab – 1 hour
Behavioral Emergencies – 2 hours
Cerebral Ischemic Syndromes – 2 hours

Saturday, November 1, 2008

8:00am – 5:00pm

Emergency Childbirth – 2 hours
SIDS – 1 hour
Pediatric Assessment – 2 hours
Drowning/Near Drowning – 1 hour
Evaluation and Treatment of Pain -1 hr
Evaluation of Cardiac Rhythms -1 hr

Sunday, November 2, 2008

8:00am – 5:00pm

EMS Quality Improvement – 1 hour
Rave Drugs – 1 hour
Geriatric Emergencies – 2 hours
Techniques to Administer Drugs – 2 hours
HIV/AIDS/ – 2hrs

Total hours – 32 hours



Paramedic Recertification/Continuing Education Course

October 18 & 19 and November 1 & 2, 2008

3717 South Conway Road, Orlando, Florida 32812

(407) 281-7396

Name _____

First

MI

Last

Agency _____ Title _____

Street Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____ Email _____

Florida Lic# _____ Expiration Date _____

National Registry Lic# _____ Expiration Date _____

Registration Fees: (Please circle applicable fee)

Paramedic Re certification/Con Ed Course (32 hours) \$300.00

One day (8 hours) \$100.00

October 18__ October 19__ November 1__ November 2__

AIDS Lecture only (2 hours) \$30.00

Total Fees Enclosed \$ _____

PAYMENT METHOD - (Payment must accompany registration form) **American Express not accepted**

MC Visa Check # _____ Credit Card # _____ Exp. Date _____

Cardholder Name _____ Cardholder Signature _____

NOTE: Credit card number is needed to guarantee registration unless check or purchase order accompanies registration form.

Please make checks payable to: Emergency Medicine Learning & Resource Center (EMLRC)

3717 S. Conway Road, Orlando, Florida 32812 or Fax to: (407) 281-4407

Phones: (407) 281-7396 / (800) 766-6335 Federal Tax ID #59-3001777 WWW.EMLRC.org

Cancellation and refunds will be made **only if requested in writing** to the Paramedic Recertification Registrar. No refunds will be made after October 6, 2008. For all cancellations an administrative fee of \$50.00 will be retained. You may send a substitute from your organization.