



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***

**September 11 & 12 and 25 & 26, 2010**  
**3717 South Conway Road, Orlando, Florida**

**Saturday, September 11, 2010**

**8:00am – 5:00pm**

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

**Sunday, September 12, 2010**

**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, September 25, 2010**

**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, September 26, 2010**

**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**

**September 11 & 12 and 25 & 26, 2010**

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

September 11\_\_ September 12\_\_ September 25\_\_ September 26\_\_

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 for requests RECEIVED after August 27, 2010. For all cancellations received before August 27, 2010 an administrative fee of \$50.00 will be retained. You may send a substitute from your organization.