Critical Care Emergency Medical Transport Program—CCEMTP℠

The University of Maryland, Baltimore County (UMCB) developed the original CCEMTP—the first nationally recognized course for critical care—which, for the past twenty years, has continued to hold the gold standard critical care transport training for paramedics and nurses. Memorial EMS is honored and excited to provide this course in partnership with the University of Maryland, Baltimore County, and the Southern Illinois University School of Medicine. This intensive course is taught over a two–three week period (depending on the session). Two sessions are available for 2019.

COURSE INFORMATION

Educational needs of the critical care transport provider are explored. This 100+ hour intensive course begins with a focus on pharmacology, hemodynamics, physiology and chemistry, then moves into focused study of cardiac, respiratory and hemodynamic monitoring. Specific neurological, renal, gi, pediatrics and obstetrics disease needs will be investigated.

PARTICIPANTS

The course is open to paramedics, nurses and physicians with at least one year of experience in their current role. Participants should identify their own state requirements prior to enrollment.

A strong background in pathophysiology, biology, chemistry and medic math will help participants achieve success in the course. Participants are highly discouraged from working during the course due to the time commitment. 100% attendance is required to qualify to sit for the examination.

CONTINUING EDUCATION

All course participants will receive 100 hours of continuing education from the University of Maryland, Baltimore County, accredited by the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE). This course meets the highest standard set forth by the NAEMSE Endorsement Committee and meets the NREMT refresher requirement for paramedics who desire to sit for the NRP psychomotor examination.

The Air and Surface Transport Nurses Association (ASTNA) has approved the course for 100 continuing education hours. This course may be taken in preparation for various certifying exams such as FP-C, CCP-C, CFRN, CCRN, etc. CCEMTP is approved for both initial and review candidates for FP-C and CCP-C.

Current CCEMTP providers may attend the course with prior scheduling for continuing education. The current fee is $150 per day, paid to UMBC.
REQUIRED TEXTBOOK


It is strongly recommended to read the textbook prior to the course. Upon registration, participants will receive a list of additional book references and a guidebook will be provided at the beginning of the course.

COURSE FEE

Payment of the $1,000 course fee is required at registration and includes classroom instruction, guidebook and examination fee. Refunds are not available, but personnel substitutions are allowed as long as they meet course requirements.

An additional examination date is available for any student who requires a retake for an additional $75. Retest will be offered within 72 hours of completion of each course. Students from another UMBC course who meet testing qualifications may make arrangements to complete their exam with a Memorial EMS class, subject to UMBC approval and available seating.

REGISTRATION

Name: ____________________________________________________________________________

Address: __________________________________________________________________________

☐ Paramedic    ☐ Registered nurse    ☐ Physician    ☐ Other ____________________________

State where licensed: _____ License number: __________________________ Expiration date: ______

Phone: ________________________ Email: ________________________________________________

COURSE INFORMATION

Select Course

☐ February 11-23, 2019    ☐ July 22-August 3, 2019

☐ I have enclosed a copy of my license, ACLS, PALS, PHTLS and CPR cards, or equivalents, valid through the duration of the course.

PAYMENT INFORMATION

☐ Check    ☐ Visa    ☐ MasterCard    ☐ Discover

Card number: ___________________________________________ Security code: __________

Name on card: ___________________________________________ Expiration date: __________

☐ Registration fee enclosed. Please make check payable to: Memorial Medical Center.

Return to: Memorial Medical Center | Attn: Tami Carpenter | 701 N. First St., Box 54, Springfield, IL 62781

QUESTIONS Email Carpenter.Tami@mhsil.com