

CONTOMS

COUNTER-NARCOTICS AND TERRORISM OPERATIONAL MEDICAL SUPPORT PROGRAM

EMT-T ADVANCED TRAINING DATE: NOVEMBER 4-6TH 2013



REGISTRATION REQUIREMENTS:

1) Applicants must have completed the EMT-T Provider course through CONTOMS or another equivalent course. It is at the discretion of the CONTOMS Program whether or not a course is deemed equivalent. Applicants will need to provide the course agenda and proof of completion of the other course. Documentation of completion of the CONTOMS EMT-T Provider course should be provided as well. This paperwork should be digitally scanned and sent at the time of registration via email to Morgan DeWeese at MDeWeese@chepinc.org. Applications for this course will not be considered complete without submission of this documentation

2) payment method indicated on the registration form. If method is purchase order please contact Morgan DeWeese at MDeWeese@chepinc.org with payment information.

3) all continuing education information completed. Applicants who do not provide their licensure information with the submission of their registration form will not be given CECBEMS credits.

HOW TO SUBMIT YOUR REGISTRATION

*Submit by email to Mdeweese@chepinc.org

*Submit by fax (410-642-1090)

Applications for this course will not be considered complete without all required components.

By submitting this registration form, the applicant understands and accepts that a background screening check will be conducted on all students prior to final acceptance into the course.

The applicant's credit card will not be charged unless the applicant is accepted for training in the course.

Please do not make any travel arrangements or hotel reservations until you receive your acceptance into EMT-Tactical course.

[CLICK HERE FOR ADDITIONAL INFORMATION ABOUT THE COURSE](#)

For registration information please contact Morgan DeWeese at MDeWeese@chepinc.org

For training information, please contact Denis FitzGerald at Denis.FitzGerald@hhs.gov

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REGISTRATION FORM

APPLICANT INFORMATION

Prefix:

LTC, Capt, Dr., etc.

First Name:

As preferred to appear on a certificate.

Middle Name:

Last Name:

E-Mail Address:

Job Title:

Company:

Address:

City:

State:

Zip Code:

Country:



REGISTRATION FEE

\$1,600.00

PAYMENT INFORMATION

Payment Method:

Card Number:

Expiration Date:

V-Code:

Cardholder Name:

Phone Number: