CRITICAL CARE TRANSPORT PROGRAM
CCEMTP℠

March 7, *9, 14, 21, *24, 28
April 4, *6, 11, 18, *21, 25
May 2, *4, 9, 16, *19, 23
June *1, 6, 13

Wednesday’s from 7PM – 11PM
*Alternating Fridays and Saturday every other week from 8AM – 4PM

Continuing Education Credit
This continuing education activity is approved by UMBC, an organization accredited by the
Continuing Education Coordinating Board of Emergency Medical Services (CECBEMS).

The Critical Care Transport Program (CCEMTP℠) is designed to prepare paramedics and registered nurses to
function as members of a critical care transport team. The 112 hour class will cover a wide variety of topics
including ventilators, 12-lead ECG, Pacemakers, LVAD, IV pumps, ventriculostomies, pharmacology, invasive lines,
inhaortic balloon pumps, and complications of transport. This course integrates lectures and skill stations to
help the participants become familiar with the purpose and mechanisms of hospital procedures, equipment, and
skills to maintain the stability of the patient during transport.

PREREQUISITES: The CCEMTP℠ course is open to any paramedic or nurse who has worked in that capacity for
two (2) years. Current paramedic certification or nursing license is required. ACLS, BCLS, PALS and PHTLS or
TNCC are recommended for the course but are not required in order to attend. Copies of certifications and/or
license MUST be submitted with your registration.

LOCATION: Center for Emergency Medical Services
15 Burke Lane, Syosset, New York 11791

COST: The cost for the course is $1100.00
Payable by Municipal purchase order, credit card, money order or check to NS-LIJHS CEMS
This covers the cost for the provider course, administrative fees, and student manual.
We will accept a $550.00 deposit, with the balance due on the first day of class.
Any questions please call 516-719-5065. You can Email registration to sbouse@nshs.edu
(Call during business hours to use credit card)

Please Return to: North Shore – LIJ Health System, Center for EMS- CCEMTP
15 Burke Lane, Syosset, NY, 11791

Name___________________________
Address_________________________
Town___________________________State_________Zip__________
E-Mail___________________________
Phone Day_______________________Phone Eve________________