

## NCCR Weekend Registration Form and Fees

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State EMS ID# \_\_\_\_\_

EMS Affiliation \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_

### Saturday and Sunday

Received Before 9-26 \$215 \_\_\_\_\_

Received After 9-26 \$240 \_\_\_\_\_

Just One Day Sat \_\_\_\_\_ Sun \_\_\_\_\_

Received Before 9-26 \$125 \_\_\_\_\_

Received After 9-26 \$110 \_\_\_\_\_

Total Amount Due \$ \_\_\_\_\_

### Refund Policy

**Refund minus \$25.00 fee if written notice by 5pm on October 4<sup>th</sup>. NO Refund after October 4<sup>th</sup>.**

Payment: Check, Money Order, Credit Card

Name \_\_\_\_\_

CC # \_\_\_\_\_

Exp Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Send Registration to:

PO Box 246

New Rockford, ND 58356

(701)302-8015

or Email [newrockfordambulance@yahoo.com](mailto:newrockfordambulance@yahoo.com)

## Community Ambulance Service Of New Rockford

# NCCR WEEKEND



October 11 & 12

8:00am- 6:30pm

Community Ambulance  
Service

818 1<sup>st</sup> Ave North

New Rockford, ND 58356

**Saturday, October 11, 2014**

**(EMR & EMT )**

- 7:30-8:00 Registration  
8:00-10:00 Stroke / VAD / Post Resuscitation  
10:00-12:00 CNS Injury / Tourniquets / Bleeding Control / Shock  
Field Triage  
12:00-12:30 Lunch ( will be provided )  
12:30-2:30 Psychiatric Emergency / Communicable Diseases  
2:30-4:30 Assisted Ventilation / Oxygenation  
4:30-6:30 Endocrine Emergency / Immunologic Emergency

**Sunday, October 12, 2014**

**(EMT Only )**

- 7:30-8:00 Registration  
8:00-10:00 OB / Special Health Care Needs  
10:00-12:00 Minute Ventilation / Effect of Cardiac Return  
12:00-12:30 Lunch ( will be provided )  
12:30-2:30 Chest Pain / Ped Cardiac Rate Disturbance  
2:30-4:30 Peds Cardiac Arrest / Induced Hypothermia /  
Return ROSC  
4:30-6:30 At Risk Populations / Peds Transport /  
Affective Characteristics / Role and Research

***Who should Attend?***

*EMR , EMT that need NCCR and/  
or LCCR, ICCR Hours.*

*Or Paramedics that need LCCR /  
ICCR Hours*

***Training Center Information***

Community Ambulance Service of New  
Rockford

PO Box 246 – 818 1<sup>st</sup> Ave North

New Rockford, ND 58356

[www.newrockfordambulance.com](http://www.newrockfordambulance.com)

(701) 302-8015 or (701)302-8016

Any questions, please contact

Sandy @ 302-0499 or Nathan @ 650-8764

This training qualifies for the ND State  
Local EMS Training Grant. For more  
information, contact Kelli at 701-328-2388

