



PEPP "TRAIN-THE-TRAINER" COURSE

JUNE 21-22, 2002 PENSACOLA, FLORIDA

Registration form

(Please Type or Print clearly)

Name: _____ Job Title: _____

Medical Training: MD DO RN PA EMT-P Other (list) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ e-mail address: _____

If you have a disability that requires special assistance please note here _____

Fee: \$100

Includes breakfast, lunch, and afternoon snack both days, PEPP Student Manual, PEPP Resource Manual. The course size is limited to first 50 qualified applicants to insure adequate interaction between faculty and participants.

Method of Payment:

Visa Mastercard

Check (Make payable to the American Academy of Pediatrics – US attendees only)

Check # _____ \$ _____

_____ Exp. Date _____
Credit Card Number

_____ Cardholder's name as it appears on card

_____ Cardholder's signature



- **Fax** your PEPP Course Coordinator Application, registration and **credit card** information to 847/228-1350 attention Tina Patel, Life Support Programs Assistant.
- **OR**
- **Mail** your course registration form, and check to American Academy of Pediatrics/PEPP Registration, Division of Life Support Programs, 141 Northwest Point Blvd., Elk Grove Village, IL 60007-1098



Registrations cannot be processed without an approved Course Coordinator application. If you have any questions please contact the AAP Division of Life Support Programs at 800/433-9016, ext 4795.

Purchase orders cannot be accepted for course registration.

Course Coordinator Application

American Academy of Pediatrics Pediatric Education for Prehospital Professionals (PEPP) Course Coordinator Application

Your registration will not be processed without complete information.
Complete this form and submit it to AAP at the address on the registration form.

Applicant Information

(Please type or print clearly in dark ink.)

Name: _____ Medical Designation(s): _____

Title: _____

Institution/Employer: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Mailing Address (select one): Business Home

Home Phone: _____ Work Phone: _____

Other Phone: _____ Fax: _____

E-Mail (required): _____

PEPP Course Coordinator Requirements

Individuals who wish to be a PEPP Course Coordinator must meet the following requirements:

- be a physician, registered nurse, physician assistant, paramedic, or EMT
- have EMT teaching experience *or* experience in coordinating another standardized course (e.g., PALS, PHTLS)
- successfully complete the PEPP provider course at the level for which they can coordinate courses
- submit this application for approval to the PEPP Course Coordinator providing their orientation *or* submit it on-line to the AAP for approval before completing the on-line self-study orientation
- be knowledgeable of the PEPP course material
- be able to teach course components if needed

Course Coordinator Level

I am applying to become a PEPP Course Coordinator for the following PEPP courses:

(Reminder: Individuals trained in BLS can only coordinate the BLS PEPP course)

BLS

ALS

Medical Education

I am a(n) [please **check all** that apply]:

_____ Physician (specify specialty) _____

_____ Registered Nurse

_____ Physician Assistant

_____ Emergency Medical Technician – Basic

_____ Emergency Medical Technician – Intermediate

_____ Emergency Medical Technician – Paramedic

_____ Other (**must specify**) _____

Teaching Experience

Do you have EMT teaching experience? (**please circle**) YES NO

Please briefly describe ALS teaching experience below. Include other nationally standardized courses that you have taught, if any (ACLS, PALS, PHTLS, etc):

PEPP Provider Course Completion Information

I successfully completed the PEPP provider course:

Please check one: ALS course (2-day) BLS course (1-day)

Date of Course: June 21-22, 2002

Location of Course: Crown Plaza City: Pensacola State: Florida

Course Coordinator for Course: Jeff Hummel, PEPP Manager

This form must accompany your registration material.

I verify that the information above is correct. I have read the information regarding the responsibilities of the PEPP Course Coordinator and am prepared to fulfill these responsibilities. I will maintain the integrity of the PEPP course by agreeing to ensure that the course is taught as presented in the PEPP materials.

Applicant's Signature

Date

I have reviewed this application and verify that the applicant meets the established requirements to be a PEPP Course Coordinator.

N/A- Review upon receipt- AAP Administration

Course Coordinator's Signature

Date

An electronic version of this form can be located on the American Academy of Pediatrics web site at www.peppsite.com

INTERNAL USE ONLY: ID#: _____ Date Entered: _____ Card Print: _____ Mailed: _____