Community Safety Consultants Presents
<u>EMERGENCY MEDICAL DISPATCH (EMD) 2018</u>

 The Emergency Medical Dispatcher is the principal link between the public in need of emergency medical assistance and the EMS system. This course will teach you about the responsibilities of being an emergency medical dispatcher, including legal aspects, interpersonal communications, giving medical instructions by telephone, resource allocation, and the use of emergency medical dispatch guide cards. This course includes a day and a half of role-playing and simulations involving 9-1-1 calls. After successful completion of this course students will have the fundamentals to start handling 9-1-1 calls that are medical in nature.

<u>Prerequisites for the EMD course are:</u>
<u>A valid BLS (or equivalent) CPR card & Previous certification as a Tele-communicator</u>
[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]

<u>Date:</u> Jan. 15, 16, 17, 18
June 18, 19, 20, 21
Nov. 12, 13, 14, 15

<u>Time:</u>   All classes are 8:30am -4:30pm
<u>Cost:</u> $250
(*If Needed* -Remediation fee of $25/hour IS NOT included in course fee)
<u>CEUs:</u>   21 **Elective for EMTs**
<u>Location:</u>
Community Safety Consultants (2nd floor Metuchen EMS building)
1 Safety Place Metuchen, NJ 08840 (732) 548-4269

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<u>To register for this class</u>
<u>By mail</u>: *Send form & payment or P.O. to:* Community Safety Consultant 1 Safety Place Metuchen, NJ 08840 732-548-4269

<u>At the door</u>   **You may register at the door on a first come first serve basis, depending on available seating.**

Name: _____   **E-mail: _____

Address: _____   City:_____   State:____   Zip: _____

Phone: (____) _____- _____   ** Cell #: (____) _____- _____   EMT #_____-

Payment: __ Check / Money Order (make payable to CSC) or   ___ Cash or ___ Purchase Order   CC-Call office

 *Copy of Basic Life Support CPR card enclosed _____   *Copy of Basic Tele Communicator certificate enclosed _____
** Required contact information filled out _____

We <u>cannot</u> accept students without completed payment status   **Program Name: EMD - Jan. ___ June____ Nov.____**