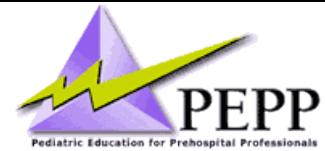




“PEPP 3”

Maryland Enhanced PEPP 3 Program



PEPP Course Completion Form

MIEMSS Region _____

Jurisdiction _____

- | | |
|--|---|
| <input type="checkbox"/> BLS PEPP | <input type="checkbox"/> ALS PEPP |
| <input type="checkbox"/> BLS Hybrid PEPP | <input type="checkbox"/> ALS Hybrid PEPP |
| <input type="checkbox"/> ALS & BLS Combined Course | <input type="checkbox"/> ALS & BLS Combined Hybrid Course |

Course Location	
Course Date(s)	
Course Coordinator(s)	
Course Medical Director	
Number of students	
Jurisdictions involved	
Were there any content concerns/issues that needed to be addressed during the course?	
Were there equipment concerns/issues that needed to be addressed during the course?	
Suggestions for future PEPP 3 courses in Maryland.	
Contact information for the course coordinator, telephone and email address	

Please attach a copy of the course schedule with faculty listed when sending/faxing to the EMSC Office. This information will be shared in a summary format with the Maryland AAP, PEMAG and PEPP Steering committee to plan for ongoing support for PEPP and other Pediatric courses in Maryland. After completing a PEPP course please return this form and course schedule to:

Maryland EMSC Office Email: pepp@miemss.org
Fax number (410) 706-3660 Office (410)-706-1758

Thank you for all you do for Maryland's Children!