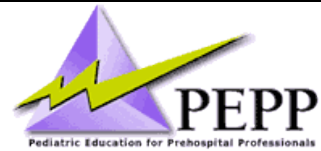




# “PEPP 3”

*Maryland Enhanced PEPP Program*



## “PEPP 3” Course Request Form

**MIEMSS Region** \_\_\_\_\_

**Jurisdiction** \_\_\_\_\_

**Course Dates:** \_\_\_\_\_

- |  |   |
|--|---|
| <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 |

<b>Date of Request:</b>			
<b>Sponsoring Agency:</b>			
Address:			
Contact Person:			
Telephone:		Fax Number:	
Email Address:			
<b>Course Coordinator:</b>		<b>AAP PEPP Number:</b>	-
Telephone:		Fax Number:	
Email Address:			
<b>Course Medical Director:</b>			
Telephone:		Email Address:	
<b>Course Location:</b>			
<b>Address (if different):</b>			
<b>Course Date(s)</b>			
<b>EMSC Assistance: Equipment</b>	Please specify and call to arrange a date for pick up & drop off		
<b>EMSC Assistance: Pediatric/PEPP MD</b>	10-12 weeks notice is essential		
<b>EMSC Assistance: Pediatric Faculty</b>	Please specify lectures, skills or scenarios to be covered		
<b>Projected Number of students:</b>		<b>Course Availability</b>	<input type="checkbox"/> Open <input type="checkbox"/> Closed to _____

**Contact the EMSC Office for PEPP Resources at (410) 706-1758 or fax (410) 706-3660 or [pepp@miemss.org](mailto:pepp@miemss.org)**

**More information is available @ [www.miemss.org/home/emsc/enhanced-pepp](http://www.miemss.org/home/emsc/enhanced-pepp)**

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For office use only:  
 Date received: \_\_\_\_\_ Date Posted: \_\_\_\_\_ By: \_\_\_\_\_