

PUBLIC SAFETY FIRST AID (TITLE 22)

Lead Instructor: Lisa Hammill, EMT I



COURSE DESCRIPTION:

The Title 22 for Public Safety Personnel is a 24-hour state approved course for firefighters, police officers, ski patrol, lifeguards and other safety personnel. This course is split up in four days and covers extensive education on advanced standard First Aid. Skill sessions provided throughout class to give students a better understanding of course material.

COURSE DETAILS & PRE-REQUISITES:

The purpose of the Title 22 Public Safety First Aid course is to provide the participant with the knowledge and skills necessary to meet the first aid requirements for fire fighters, peace officers, and lifeguards as defined in Title 22 of the California Code of Regulations. The course content and activities will prepare participants to make appropriate decisions about the care to provide in an emergency. Participant must have a current AHA BLS CPR Card. (Must be current, expired cards not acceptable and you will not be issued Title 22 card w/o AHA BLS CPR Card)

24 HRS RECERTIFICATION

28 HRS NEW RECRUITS

COST: \$140.00*

NOVEMBER 2017*
(*Dates Subject to Change)

Course Schedule 24/28 Hour Course (Must attend all dates)

DAY	DATE	TIME
Thursday	November 30	1700-2100
Friday	December 01	1700-2100
Saturday	December 02	0900-1800 (1 HR BREAK)
Friday	December 08	1800-2200
Saturday	December 09	0900-1800 (1 HR BREAK)

Class Size Min. / Max.: 06/12

Enrollment Deadline: November 27, 2017

LOCATION: Trinity County Life Support
Training Room
610 Washington St.
Weaverville, CA 96093
530-739-2692 – Lisa Hammill

REGISTRATION: Completed Form/BLSCPR CARD

FOR INFORMATION: 530-623-2500

ATTACHMENTS: BLS CPR CARD (CURRENT COPY) *(Please make checks payable to Trinity County Life Support)*

FIRST NAME: _____ LAST NAME: _____ EMAIL: _____

CONTACT#: (____) _____ - _____ **TC Department Affiliation:** YES NO **DEPT. NAME:** _____

CASH CHECK MONEY ORDER VISA INVOICE *(VFD ONLY – Must Be Paid Prior)*

CC#: _____ EXP. DATE: ____/____ SECURITY CODE: _____

NAME ON CC *(PRINT)*: _____

CC MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Signature of Cardholder: _____ **Date:** ____/____/____