



1653 CENTRAL AVENUE • ALBANY, NEW YORK, 12205 - 4092



NATIONAL ACADEMIES OF EMERGENCY DISPATCH  
Celebrating 30 Years of Priority Dispatch Systems Protocols

**EMD Certification Course will be held on Oct 20th-22nd, 2009. CPR certification is a pre-requisite, and will be offered on Monday the 19<sup>th</sup> if needed, for an additional \$80.00.**

REMO, in cooperation with the National Academies of Emergency Dispatch will be hosting an NAEMD course for interested PSAP and dispatch center personnel.

The cost of this course will be \$320.00, seats are limited to 25 and students will be selected on a first come first serve basis. **Pre-Registration is REQUIRED, with a deadline of October 2<sup>nd</sup>.**

The Emergency Medical Dispatcher (EMD) has been recognized as an essential component of effective EMS systems. Proper and timely training as well as a sound medical protocol are what help EMDs deliver quality care to the calling public with emergency medical needs.

Over the past decade, Medical Priority's EMD Certification Course has become the standard for EMD training. The course meets or exceeds all national criteria set by A.S.T.M., U.S Department of Transportation, National Association of EMS Physicians, and others.

The EMD Certification Course includes Medical Priority's EMD Course Manual. Available separately are the Advanced MPDS card sets, ProQA software, and the Principles of Emergency Medical Dispatch reference textbook.

Participants who complete the 3-day course will be eligible for certification through the National (or International) Academy of EMD. To be EMD-certified, the applicant must also be CPR-certified through the National Safety Council, American Heart Association, American Red Cross, European Resuscitation Council or equivalent. We recommend this training be completed prior to attending the EMD course.

**FAX/E-MAIL or REGULAR MAIL REGISTRATION FORM TO REMO TRAINING AT ABOVE ADDRESS. E-MAIL [remotraining@nycap.rr.com](mailto:remotraining@nycap.rr.com) Fax (518) 464-5099**

Name \_\_\_\_\_ PSAP/Dispatch Affiliation \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_