

CITY OF RAPID CITY
TRAVEL REQUEST

LF082708-08

Person requesting travel John Niehaus Department EMS 0890

I hereby request permission to travel for the following purpose: (Give specific nature of business and interest of the City to justify cost involved.)
Pelham Training Paramedic Refresher

List all other City employees, if any, making the trip for the same purpose: _____

Place of meeting or destination: Bloomington, Indiana

Date of meeting 10/27/08-10/31/08

Date trip to begin 10/26/08 Date trip will end 11/1/08

Method of transportation requested Airline

Estimated transportation cost	Airfare & Rental Car	\$	<u>750.00</u>
Meals			<u>252.00</u>
Lodging	<u>6</u> days \$80/night		<u>480.00</u>
Other costs - description	<u>Registration</u>		<u>350.00</u>
	<u>Parking</u>		<u>112.00</u>
Total estimated cost of trip		\$	XXXXXX <u>1944.00</u>

Signed _____ Date M. Doherty Date 8/12/08
(person requesting travel) (Department Head)

When the cost of the trip will exceed \$500, per employee, this section must be signed.

In accordance with the provisions of Rapid City ordinances and travel regulations, consent is hereby given for travel as requested in the foregoing application. Maximum cost of trip authorized is \$ _____

Approved: _____ Date _____
Mayor

When the cost of the trip will exceed \$1,500, per event, Council approval is required.

Approved by Common Council on _____ (Date)

White copy - Mayor

Yellow copy - Finance

Gold copy - Department copy

RCDF&ES General Applications for Course Attendance
& Request for Travel / Expenses

Name: John Niehaus Signature: John Niehaus Today's Date: 8-4-08

Full Course / Event Name: Paramedic Refresher

Event Dates: Oct 27th - 31st Travel Dates: Date Leaving 10/26 Time Leaving _____

Date Returning 11/1 Time in RC _____

Event Location: Rapid City Bloomington, Indiana

Reasons for Requesting Course:

Approved: B/C or Division Chief

Required For Promotion

Education Chief

Required For Apprenticeship

Denied: B/C or Division Chief

Required For Current Position

Education Chief

Other _____ Reason For Denial _____

B/C or Div. Chief Conditions for Approval _____

B/C or Div. Chief Signature _____ Ed. Chief Sig. _____

Other Department Employees that are going with me are: _____

I am Requesting:

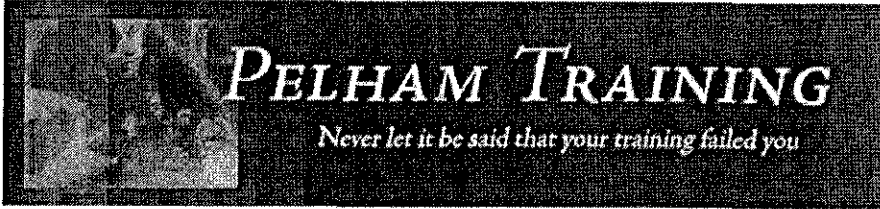
On Duty Time: Oct 26th 0700-0700
Dates & Times Oct 29th 0700-0700

Overtime Pay for _____ Hours
Dates & Times _____

Registration / Tuition (Attach Conference/Course Information)

There is no Registration / Tuition
 Registration / Tuition Cost \$ 350⁰⁰

- I will pay and be reimbursed later.
- I will have them bill the Department
- It will need to be paid before I go
- I need to take a check with me
- Registration / Tuition will be paid by:



EMS
Classes

Housing Accommodations

EMT
Basic

If you need housing during your stay in Bloomington, Pelham Training recommends **Homewood Suites by Hilton and TownePlace Suites by Marriott**. The hotels are extended stay facilities located about 6 miles north of the school just off Highway 37 in West Bloomington. Pelham Training reserves blocks of rooms for upcoming classes which students can reserve at the discounted rate. *Please note that these rooms are reserved for Pelham Training students until one week prior to the start of your class.* If you call either of these hotels within a week of your class start date, the rooms may not be available.

Paramedic

First
Responder

Paramedic
Refresher

BLS
Refresher

PHTLS

AMLS

National
Registry
Review

Cardiac
Courses

National
Safety
Council

Course
Calendar

Navarre
Florida
Course
Calendar

Directions
Housing

Get in
Touch

Register

Home

We always look for the best cost saving accommodations for our students that provide you with amenities that will help you get the most out of your training. These properties are clean and professional with safe, interior-access rooms and an extensive list of amenities expected of a Hilton or Marriott property.

Please contact the hotel of your choice from below to let them know your arrival date and whether or not you would like to share the cost of your room with a classmate if that option is available.*

	Homewood Suites by Hilton <i>Student Rates Per Night (excluding tax)</i>	TownePlace Suites by Marriott <i>Student Rates Per Night (excluding tax)</i>
King Studio Suite (Single) - \$84.00 per night (Shared) - \$42.00 per student per night Features: King Size Bed, living area, desk, fully	Queen Studio Suite (Single) - \$69.00 per night (Shared) - \$34.50 / per student per night Features: Queen Size Bed, living area, desk, fully equipped	
kitchen, TV with basic cable	kitchen, TV with basic cable	
One Bedroom Suite (Shared) - \$42.00 per student Features: Separate bedroom with 2 Queen Size	Two Bedroom Suite (Shared) - \$37.00 per student per night (Limited availability) Features: Two Separate bedrooms each with a Queen Size	
Beds, living room, desk, fully equipped kitchen,	Bed, living room, desk, fully equipped kitchen,	
TV with basic cable	TV with basic cable	
<p>* Although Homewood Suites will make every effort to accommodate your preference, they cannot guarantee that all options will be available for all students, e.g., we may have three students in a group of registrants requesting a One Bedroom Suite. Typically rooms that are reserved earlier are more likely to have their preferences met.</p>	<p>* Although TownePlace Suites will make every effort to accommodate your preference, they cannot guarantee that all options will be available for all students, e.g., we may have three students in a group of registrants requesting a Two Bedroom Suite. Typically rooms that are reserved earlier are more likely to have their preferences met.</p>	
Additional Amenities:	Additional Amenities:	
<ul style="list-style-type: none"> • Complimentary Daily hot breakfast • Welcome Home Reception featuring a complimentary light meal and beverages Monday-Thursday evenings • Wired Internet in all rooms • Wireless Internet in Lobby and Lodge • 24-hour business center complete with a laser printer, photocopier and access to a fax machine • Indoor swimming pool and spa • Exercise facility with cardiovascular equipment and free weights • On-site 24-hour convenience store • On-site laundry facilities 	<ul style="list-style-type: none"> • Complimentary Daily breakfast • Wireless Internet throughout the hotel • Wired Internet in all rooms • 24-hour business center complete with a laser printer, photocopier and access to a fax machine • Outdoor heated swimming pool • Exercise facility with cardiovascular equipment • On-site 24-hour convenience store • On-site laundry facilities • Complimentary grocery shopping service 	

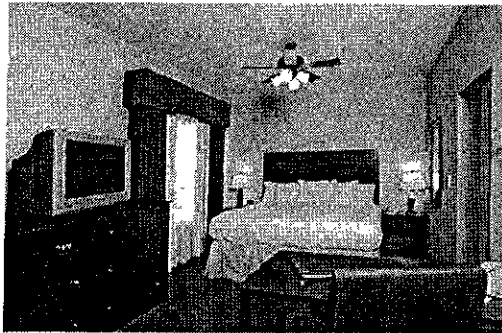
- Complimentary grocery shopping service

Contact Information:

Phone: 812-323-0500
 Address: 1399 Liberty Drive
 Bloomington, IN 47403

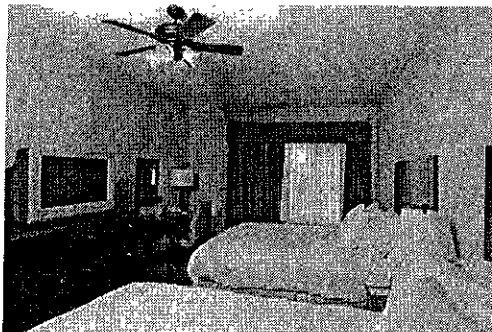
Photos:

King Studio Suite (Single)



One Bedroom Suite (Double)

Bedroom



Living Room

Contact Information:

Phone: 812-334-1234
 Address: 105 Franklin Road
 Bloomington, IN 47404

Rhonda Thompson

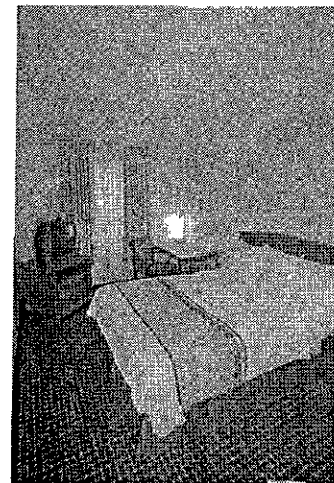
Photos:

Queen Studio Suite (Single)



Two Bedroom Suite (Double)

Bedroom



Living Room



Course Registration Form

Please fill out the course registration form completely and return to us by one of the following methods:

Drop Off / Mail: 699 E. Dillman Road, Bloomington, IN 47401

Fax: (812-) 824-7841

Scan and Email: info@pelhamtraining.com

Student Information:

Drivers License Number:		Social Security Number: <i>504-96-7403</i>	
First Name: <i>John</i>	MI: <i>H.</i>	Last Name: <i>Niehaus</i>	
Home Address: <i>1973 Haycamp Lane</i>			
City: <i>Rapid City</i>	County: <i>Pennington</i>	State/Province: <i>SD</i>	
ZIP/Postal Code: <i>57703</i>	Country: <i>USA</i>		
Shipping Address for Book if Different from Above: <i>10 Main St. (Rapid City Fire Department)</i> <i>Rapid City, SD 57701</i>			
Daytime Phone Number: <i>(605) 415-1286</i>		Evening Number: <i>605-721-9469</i>	
Email Address (please Print Clearly): <i>john.niehaus@rcgov.org</i>			
Date of Birth(mm/dd/yy): <i>08/11/67</i>		Gender: <i>MALE</i>	
Country of Citizenship: <i>US</i>		State/Country you will seek certification: <i>SD</i>	
Do you have any learning disabilities or handicap we need to be made aware of? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If yes, please describe:			
How did you hear about us? <i>Internet Search</i>			
Emergency Contact Information: <i>Donetta Niehaus</i>			
Name: <i>←</i>		Relationship: <i>Ex-wife</i>	
Address: <i>2124 Haystack Lane</i>		Phone: <i>605-716-2124</i>	

Student License Information: Complete the following section for each license held. If no license is currently held please skip over this section.

State of current licensure:	Level of license:
License number:	License Expiration date:
NREMT#(if applicable):	
Next NREMT re-registration date (if applicable):	

Cancellation Policy:

Payment is due at the time of your registration. Students who need to cancel and do so in advance will be entitled to a refund of a percentage of the cost of the course(s) as determined by the following schedule based on calendar days prior to the course start date. Date of cancellation will be determined by US Mail postmark or Email/Voice Mail Date/Time stamp.

100%- 28+ days

75%- 27-21 days

50%- 20-14 days

25%- 13-7 days

0%- 6 days or less including No-Shows



Course Information: Please indicate which course you would like to take and the start date.
 Books are provided for specific courses which are indicated with an asterisk (*).

Course:	Start Date	X	Recertification	X	Certification
BLS Healthcare Provider Course (CPR)			\$25.00		\$ 35.00
EMT Courses:					
First Responder*					\$250.00
EMT Basic*					\$675.00
EMT Basic Accelerated*					\$1,200.00
Paramedic*					\$4,000.00
Anatomy					\$500.00
Paramedic Accelerated*					\$9,000.00
EMS Continuing Education Courses:					
EMT Basic Refresher					\$150.00
Paramedic Refresher	Oct 27 th	X		X	\$350.00
Continuing Education Unit Weekend (CEUW)					\$250.00
Practical Exams and Prep Courses:					
BLS Practical Exam					\$100.00
ALS Practical Exam					\$125.00
National Registry Preparation Course (NRPC)					\$300.00
Wilderness Courses:					
Wilderness First Aid (SOLO)*					\$200.00
Wilderness Medical Upgrade*					\$375.00
Specialty Courses:					
PHTLS (Pre-Hospital Trauma Life Support)			\$75.00		\$150.00
PALS (Pediatric Advanced Life Support) *			\$75.00		\$150.00
PEPP BLS (Pediatric Edu. For Prehospital Professionals)			\$50.00		\$75.00
PEPP ALS (Pediatric Edu. For Prehospital Professionals)			\$75.00		\$100.00
AMLS (Advanced Medical Life Support)			\$75.00		\$150.00
ACLS (Advanced Cardiac Life Support)*			\$75.00		\$150.00
			Subtotals:	\$	\$
Course Total (Recertification Subtotal+ Certification Subtotal)					\$

I agree to comply with the policies and procedures of Pelham Training. I understand that if I knowingly provide false information, my enrollment may be revoked, and may be cause for dismissal from the program.

Signature: John Nehaus

Date: 8-1-08



Method of Payment: (Payment due with registration form)

The follow forms of payment are accepted:

- Credit Card**
- Check or Money Order**
- Company/Other**

Credit Card: Check One: _____ Visa _____ MasterCard _____ Discover _____ Exp. Date: (mm/yy) _____
Card Number: _____ Card Holder Name: _____
Card Holder Billing Address: _____
Card Holders Signature: _____ <i>**Any credit card information will be destroyed after a successful credit card transaction**</i>

Check or Money Order:
Please make checks/money orders payable to Pelham Training. Pelham Training will assess a \$30.00 fee for all returned checks. Your registration form will be held until your check or money order is received.

Company /Other:	
If a company, government entity or educational institution is paying for your course(s) please complete the following section.	
Business Name: <i>Rapid City Fire Dept.</i>	Contact Name: <i>Mike Thompson</i>
Email Address: _____	Address: <i>10 Main Street.</i>
City: <i>Rapid City</i>	State/Province: <i>SD</i>
ZIP/Postal Code: <i>57701</i>	Country: <i>USA</i>
Phone Number: <i>605-394-4180</i>	Fax Number: <i>605-394-6754</i>



EMS Classes

Paramedic Refresher

EMT
Basic

Paramedic Refresher / Paramedic In-service

Paramedic
First
Responder

In this program you have the opportunity to earn 48 hours of inservice required by the National Registry. Our Paramedic Refreshers meet the National Registry requirements and are offered quarterly. Dates can be found on the course calendar.

Paramedic
Refresher

As always, your local medical director or designee, must ultimately approve the material (i.e. "sign off") for you to receive credit. Topic / Hours Breakdown for CEUs will be distributed at the end of the course.

BLS
Refresher

Sample Paramedic Refresher Syllabus

PHTLS

AMLS

National
Registry
Review

Cardiac
Courses

National
Safety
Council

Course
Calendar

Navarre
Florida
Course
Calendar

Directions
Housing
Get in Touch
Register

Home

Day	Time	Topics
Monday	08:00 - 08:30	Welcome
	08:30 - 09:30	Pre-Test
	09:30 - 10:00	Team Building
	10:00 - 11:00	Lifting and Moving
	11:00 - 12:00	Kinematics of Trauma
	12:00 - 13:00	Lunch
	13:00 - 13:30	File Pictures
	13:30 - 14:30	Pharmacology
	14:30 - 15:45	Cardiac Review (A&P)
	15:45 - 17:00	Cardiac Emergency Management
Tuesday	08:00 - 10:00	12 Lead EKG (cardiac continued)
	10:00 - 11:00	Shock, Fluids and Electrolytes
	11:00 - 12:00	Chest and Abdomen Trauma
	12:00 - 13:00	Lunch
	13:00 - 14:00	Head and Spinal Trauma
	14:00 - 14:30	START Triage / MCI
	14:30 - 19:00	Scenarios Night Training Scenarios -Skills Practical -LSB / KED / Traction
Wednesday	08:00 - 09:00	Toxicology
	09:00 - 10:00	Neurological Emergencies
	10:00 - 12:00	Environmental Emergencies

	12:00 - 13:00	Lunch
	13:00 - 14:00	OB / Maternal Emergencies
	14:00 - 16:30	Pediatric / Geriatric
	16:30 - 17:00	Documentation / Legalities
Thursday	08:00 - 12:00	Skill Practical Lab -Mega Code / Critical Care -OB / Neonatal -Intubation /Surgical Airway
	12:00 - 13:00	Lunch
	13:00 - 15:00	ABG Interpretation / Exercises
	15:00 - 17:00	Respiratory Emergencies / RSI
Friday	08:00 - 12:00	Medical Emergencies / Mini Topics
	12:00 - 13:00	Lunch
	13:00 - 15:00	Putting it all together / Evaluations
	15:00 - 16:00	Final Written Exam

Check the Course Calendar for upcoming dates.

Feel free to contact us with any questions.

Telephone: 812.824.7975 **Fax:** 812.824.7841 **Toll Free:** 800.339.7914

Email: info@emtinc.net

Address: 699 East Dillman Road, Bloomington, IN, 47401, USA

Send mail to webmaster@emtinc.net with questions or comments about this web site.
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Subject:

SHERYL,

FIRST...I DO NOT SEE FARES INTO BLOOMINGTON INDIANA. CLOSEST ALTERNATE IS INDIANAPOLIS...41 MILES. LOWEST FARE IS A MINIMUM 21 DAY ADVANCE PURCHASE, NONREFUNDABLE, SUBJECT TO CHANGE AT \$434.00....

NORTHEAST OUTBOUND 10/26 RETURN 11/01 1 CHANGE IN MINNEAPOLIS

LEAVE RAPID CITY 635AM, ARRIVE INDIANPOLIS 1250PM✕
LEAVE RAPID CITY 925AM, ARRIVE INDIANPOLIS 426PM
LEAVE RAPID CITY 1135AM, ARRIVE INDIANAPOLIS 651PM
LEAVE RAPID CITY 340PM, ARRIVE INDIANPOLIS 951PM

LEAVE INDIANAPOLIS 730AM, ARRIVE RAPID CTIY 959AM
LEAVE INDIANAPOLIS 1143AM, ARRIVE RAPID CITY 300PM✕
LEAVE INDIANPOLIS 325PM, ARRIVE RAPID CITY 549PM
LEAVE INDIANPOLIS 735PM, ARRIVE RAPID CITY 1014PM

I WOULD SUGGEST BOOKING AS SOON AS POSSIBLE. THE AIRLINES ARE REALLY CUTTING BACK ON SEATS FOR THE LOWEST FARES.

THANKS.

MARY

*CHECKED BAGGAGE POLICIES VARY BY AIRLINE, FREQUENT FLYER STATUS, BOOKING CLASS, BAG SIZE AND WEIGHT. FEES MAY APPLY IF (1) YOU PLAN TO CHECK A BAG OR (2) YOU PLAN TO CARRY SPORTS EQUIPMENT OR AN ODD-SHAPED ITEM OR (3) YOUR BAG EXCEEDS AIRLINE WEIGHT LIMITS.

THE TRAVEL CENTER
2120 W MAIN STREET, STE 2
RAPID CITY S D 57702
PHONE: 605 348 5038
FAX: 605 348 4783

Aldridge Sheryl

From: Mary Thomas [mary_travelcenter@hotmail.com]
Sent: Monday, August 11, 2008 1:56 PM
To: Aldridge Sheryl
Subject: RE:

Sure....\$147.90 plus taxes and fees.

*CHECKED BAGGAGE POLICIES VARY BY AIRLINE, FREQUENT FLYER STATUS, BOOKING CLASS, BAG SIZE AND WEIGHT. FEES MAY APPLY IF (1) YOU PLAN TO CHECK A BAG OR (2) YOU PLAN TO CARRY SPORTS EQUIPMENT OR AN ODD-SHAPED ITEM OR (3) YOUR BAG EXCEEDS AIRLINE WEIGHT LIMITS.

THE TRAVEL CENTER
2120 W MAIN STREET, STE 2
RAPID CITY SD 57702
PHONE: 605 348 5038
FAX: 605 348 4783

Subject: RE:
Date: Mon, 11 Aug 2008 13:40:56 -0600
From: Sheryl.Aldridge@rcgov.org
To: mary_travelcenter@hotmail.com

Could you please also give me a quote for a mid-size car?

Sheryl Aldridge
Administrative Assistant
Rapid City Dept. of Fire & Emergency Services
10 Main Street
Rapid City, SD 57701
605-394-4180

From: Mary Thomas [mailto:mary_travelcenter@hotmail.com]
Sent: Monday, August 11, 2008 10:15 AM
To: Aldridge Sheryl
Subject: RE:

8/11/2008