

Registration Form

(Please print clearly)

Circle course: ACLS ACLS recertification PALS
 BLS/AED Heartsaver/AED PALS recertification
 BLS/AED recertification

(Students applying for ACLS and PALS must send a copy of their current BLS card with this form. ALL students applying for recertification courses must send a copy of their active card in the discipline in which they are recertifying. There is a 30-day grace period for expired card holders to qualify for recertification classes. Original cards must be presented on the day of the course.)

Name: _____

Title: MD DO RN RRT PA EMT EMT-P Other

Mailing address:

Phone: _____

E-mail: _____

Class date: _____

(Please verify availability with Ms. Mark before sending registration and payment!):

I certify that I meet the pre-requisites for the class I have chosen. I have sent a copy of my current provider card and will present the original on the day of the course. I also agree to review the course materials and pre-test before I arrive for class.

Signature