

# ADVANCED CARDIAC LIFE SUPPORT PROVIDER COURSE

UVA Health System, Charlottesville, Virginia

## Registration Form - UVA Participant

**Course Date:** (fill in dates) **1<sup>st</sup> Choice** \_\_\_\_\_ **2<sup>nd</sup> Choice** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Unit/Department:** \_\_\_\_\_ **Box#** \_\_\_\_\_ **Phone/PIC:** \_\_\_\_\_

**Home Phone#:** \_\_\_\_\_ **Date of Birth (mm/dd/yy)** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Employee #:** \_\_\_\_\_

**Check One:**

**Attending**

**Respiratory Therapist**

**Resident**

**Other (specify)**

**Nurse**

**Course Registration:**

Registration is on a first come, first serve basis.

**Course Prerequisites:**

The Life Support Learning Center requires participants to have a **current CPR card**. **The following course card is approved: American Heart Association – BLS for Healthcare Providers (HCP)**. (Attach copy, front & back of card.)

**Cancellation Policy:**

**The Medical Center has paid for you to attend this class. The full course participation fee (\$195) will be charged to the participants if cancellation occurs within 10 business days prior to the course. Substitutions may be permitted up to 5 business days prior to the course. No substitutions can be made after that time.** Registration is on a first come, first serve basis.

The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course material, do not represent income to the Association.

**I approve this registration and am aware of the cancellation policy:**

**Supervisor's Name:** \_\_\_\_\_

(Print Name)

(Phone/PIC)

**Supervisor's Signature:** \_\_\_\_\_

**It is imperative that you have thoroughly read and understand the resource material provided.**

**Mailing Address:** Box 800309

UVA Health System

**Charlottesville, VA 22908-0309**

**Telephone: (434)982-1766**

**Fax: Outside UVA (434)243-2906; Inside UVA 3-2906**

**Physical Address:**

**1222 JPA (old Towers Bldg.)**

**5<sup>th</sup> Floor, Room 5606**

*(For Picking Up Books!)*

**Special Needs**

The 1990 American Disabilities Act requires that all individuals, regardless of their disabilities, have equal access. The Life Support Learning Center is pleased to assist participants with special needs. Written requests should be sent to the Life Support Learning Center at least 14 working days before the course.