

ADVANCED CARDIAC LIFE SUPPORT FOR EXPERIENCED PROVIDERS COURSE

Course Date: August 17, 2007

UVA Health System, Charlottesville, Virginia

Registration Form

Name (*Print*): _____

Mailing Address: _____

City _____ State _____ Zip _____

Home Phone#: _____ Date of Birth (mm/dd/yy): _____

Email Address: _____

Social Security #: _____

Check One:

MD RN EMT-P Resp Therapy Other (specify) _____

Program Description: This one-day course has been designed to “reverify” individuals who maintain a current ACLS Provider card. Individuals attend summary lectures, participate in evaluation stations, and complete a written exam to evaluate familiarity with knowledge and skills gained during a Provider Course.

Course Prerequisites:

The Life Support Learning Center requires participants to have a **current CPR card**. **The following course card is approved: American Heart Association - Healthcare Provider (HCP).** (Attach copy, front & back of CPR and ACLS Cards.) Course materials will be mailed to the above address as soon as registration forms and payment are received.

Registration Fees:

Fees: \$180.00 MD
\$160.00 Non MD

Cancellation/Refund Policy:

All checks should be made payable to the University of Virginia, Life Support Learning Center. Registration is on a first come, first serve basis. The registration fee will be refunded minus a \$25.00 administrative fee, if cancellation is received 10 business days prior to the course. **No refunds will be issued to registrants after that time. Substitutions may be permitted up to 5 business days prior to the course. No substitutions can be made after that time.** Funds received for this course are used to offset the costs associated with planning and implementation of the course and do not benefit the American Heart Association or the Virginia Affiliate of the American Heart Association.

I have read and understand the cancellation policy as stated:

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: (434)243-2906

Physical Address: 1222 JPA (old Towers Bldg.)

5th Floor, Room 5603

(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.