

ADVANCED CARDIAC LIFE SUPPORT PROVIDER COURSE

Course Date (Circle one):

2007: September 25-26 October 18-19 October 29-30 November 6-7 November 15-16 December 11-12

2008: January 8-9 January 24-25 February 11-12 February 19-20 March 18-19 April 10-11 April 29-30 May 6-7
May 28-29

UVA Health System, Charlottesville, Virginia

Registration Form - UVA Participant

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)

Registered Nurse

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. A cancellation fee of \$185.00 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: (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.