

ADVANCED CARDIAC LIFE SUPPORT PROVIDER COURSE

Course Date (Circle one):

2007: September 25-26 October 18-19 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

Name (*Print*): _____

Mailing Address: _____

City _____ State _____ Zip _____

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

Email Address: _____

Check One:

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

Check here if you are with TJEMS _____ Name of Squad _____ (Call 434-982-1766 for fee.)

Social Security #: _____

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 CPR card.) Course materials will be mailed to the above address as soon as registration forms and payment are received.

Registration Fees:

Fees: \$230.00 MD

199.00 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 withdrawing after that date. Substitutions may be permitted up to 5 business days prior to the course. No substitutions can be made after that time.** 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 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: Life Support Learning Center **Physical Address:** 1222 JPA (old Towers Bldg.)
Box 800309 5th Floor, Room 5606
UVA Health System (For Picking Up Books!)
Charlottesville, VA 22908-0309
Telephone: (434)924-1765 Fax: (434)243-2906

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. Requests need to be made in writing at least 14 working days before the course.