

This form is for your reference; please DO NOT submit it with your completed registration form. Thank you.

To Register:

1. Confirm available class space at www.regionshospital.com/ems under “Course Status” or call the Education Hotline at (651) 793-4001 before sending in registration materials.
2. Registration is considered complete only upon receipt of a complete form AND payment or a manager’s signature authorizing billing.
3. If you are registering for an ACLS or PALS *Recertification Course*, please attach a copy of your current AHA Provider card to your registration form.
4. Complete the attached registration form and send with your payment to:
Regions Hospital EMS Education
13801B
640 Jackson Street
Saint Paul, MN 55101
5. If tuition is being paid by your employer, you may fax the signed registration form to:
651-778-3778
Attn: Education Assistant

Cancellation Policy:

1. Cancellations must be received in writing:
Fax: 651-778-3778
Attn: Education Assistant

Mail: Regions EMS Education
13801B
640 Jackson Street
Saint Paul, MN 55101

Email: EMSEducation@healthpartners.com
2. For **AHA Courses** – cancellations received more than 7 days before the course date will receive a full refund, issued upon return of all course materials.
3. For **ENA Courses** – cancellations received more than 14 days before the course date will receive a full refund, issued upon return of all course materials.
4. If a cancellation is received with less notice than stipulated above, no refund will be issued. Any loaned material must be returned to Regions EMS Education – otherwise an invoice will be issued for the cost of that material.
5. This policy applies for requests to reschedule for a later course.

Course Location:

All courses will be held at the Regions EMS Administrative offices unless otherwise noted.

EMS Administrative Offices
1678 Suburban Ave.
Saint Paul, MN 55106

Other locations: Contact our office for details.

Audience Seasoned hospital based providers with current PALS Provider and BLS certification. Provider certification must be current during the month in which you take the recertification course.

Text PALS Provider Manual, American Heart Association, 2006
(Required) PALS Course Guide, American Heart Association, 2006

CEU's To be determined

Course Dates January 22, 2008 September 23, 2008
(Choose one) May 13, 2008 November 5, 2008 (Hudson, WI)
 July 23, 2008 December 2, 2008

Course Hours 8am – 5pm

Location 1678 Suburban Avenue, Saint Paul, Minnesota, unless otherwise noted

Participant Name _____

Title MD/DO PA RN Paramedic Other: _____

Employer/Department _____

Address _____
Street Apt # City State Zip

Phone _____ Email _____

Tuition & Payment

General Public \$195 (\$155 tuition + \$40 course guide and text)
Regions Hospital Affiliate..... \$142 (\$130 tuition + \$12 course guide, text loan)

Check enclosed for \$ _____

Credit Card Payment: Visa Discover MasterCard American Express

_____ Credit Card Number _____ Card Validation Number (3 digit code on back of card) _____ Expiration Date _____

Card Holder's Name (Please print name) _____

Amount Charged to Credit Card \$ _____

Please transfer Regions Hospital or HealthPartners funds from _____
Account Number-Account Unit

Manager (Please print name) _____

_____ Manager's Signature (Required) _____ Manager's Phone Number _____

Please bill my employer:

Employer _____

Billing Address _____

Agent (Please print name) _____

_____ Agent's Signature (Required) _____ Agent's Phone Number _____

Cancellations Cancellations received more than 1 week before the PALS-R course date will receive a full refund upon return of course materials. Cancellations received 1 week or less prior to the course date will not receive a refund. *Cancellations must be made in writing and will not be accepted over the phone.*