

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

**Text** Advanced Cardiac Life Support Provider Manual, American Heart Association, 2006  
(Required)

**CEU's** To be determined

**Course Dates** (Choose one)

<input type="checkbox"/> *April 15 & 16, 2008 (St. Croix Falls, WI)	<input type="checkbox"/> July 22, 2008	<input type="checkbox"/> November 24, 2008
<input type="checkbox"/> April 18, 2008 (Baldwin, WI)	<input type="checkbox"/> August 21, 2008	<input type="checkbox"/> December 22, 2008
<input type="checkbox"/> April 28, 2008	<input type="checkbox"/> August 25, 2008	
<input type="checkbox"/> May 9, 2008	<input type="checkbox"/> September 24, 2008 (Baldwin, WI)	
<input type="checkbox"/> May 19, 2008	<input type="checkbox"/> September 29, 2008	
<input type="checkbox"/> June 30, 2008	<input type="checkbox"/> October 17, 2008 (New Rich., WI)	

**Course Hours** 9am – 5pm  
\*The April 15 & 16 course takes place from 5pm-9pm each night. Attendance on both nights is mandatory.

**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 ..... \$190 (\$155 tuition + \$35 text fee)  
Regions Hospital Affiliate..... \$125 (text available for 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 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.*

*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](http://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.