

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) 254-7788 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 written cancellation is received less than 7 days prior to the course date there will only be a refund of 50% of the full course cost. 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
680 Hale Avenue N. Suite 230
Oakdale, MN 55128

Other locations: Contact our office for details.

*Regions Hospital promotes good health and a healthy work environment.
Use of tobacco products is prohibited on and around our properties.*

Audience	Health care providers with current knowledge in BLS/CPR, and the ability to read cardiac rhythms.
Text (Required)	<u>Advanced Cardiac Life Support Provider Manual</u> , American Heart Association, 2006
CEU's	To be determined

Course Dates (Choose one)	<input type="checkbox"/> February 9 & 16, 2010	<input type="checkbox"/> August 3 & 10, 2010
	<input type="checkbox"/> March 10 & 17, 2010	<input type="checkbox"/> September 14 & 21, 2010
	<input type="checkbox"/> April 13 & 20, 2010	<input type="checkbox"/> October 12 & 19, 2010
	<input type="checkbox"/> June 15 & 22, 2010	<input type="checkbox"/> November 8 & 15, 2010
	<input type="checkbox"/> July 13 & 14, 2010	<input type="checkbox"/> December 6 & 13, 2010
	Course Hours	9am – 5pm
Location	680 Hale Avenue N. Suite 230, Oakdale, Minnesota	

Participant	Name _____					
	Title	<input type="checkbox"/> MD/DO	<input type="checkbox"/> PA	<input type="checkbox"/> RN	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Other: _____
	Employer/Department _____					
	Address _____					
		Street	Apt #	City	State	Zip
	Phone _____		Email _____			

Tuition & Payment	General Public	\$295 (\$260 tuition + \$35 text fee)			
	Regions Hospital Affiliate.....	\$235 (text available for loan)			
	<input type="checkbox"/> Check enclosed for \$ _____				
	<input type="checkbox"/> Credit Card Payment:	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> 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 \$ _____				
	<input type="checkbox"/> Please transfer Regions Hospital or HealthPartners funds from _____	Account Number-Account Unit			
	Manager (Please print name) _____				
	_____	_____			
	Manager's Signature (Required)	Manager's Phone Number			
<input type="checkbox"/> Please bill my employer:					
Employer _____					
Billing Address _____					
Agent (Please print name) _____					
	_____	_____			
	Agent's Signature (Required)	Agent's Phone Number			

Cancellations	Written cancellations received more than 1 week before the ACLS-P course date will receive a full refund upon return of course materials. <u>Written cancellations received 1 week or less prior to the course date will only receive a refund of 50% of the full course cost.</u> Cancellations must be made in writing and will not be accepted over the phone.
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