

*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) 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 Ave. 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** Registered nurses with a current ENPC Provider Certification. Certification must be current during the month in which you take the recertification course.

**Text (Required)** Emergency Nursing Pediatric Course Provider Manual, Emergency Nurses Association, 2004

**CEU's** TBD

**Course Dates**  September 20, 2010  
(Choose one)

**Course Hours** 7:30am – 5pm

**Location** 680 Hale Ave. N. Suite 230, 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 ..... \$250 (text fee included in tuition)  
Regions Hospital Affiliate..... \$240 (text fee included in tuition)

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