

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 For licensed healthcare providers interested in becoming an instructor for ACLS courses.

Text AHA Core Instructor Course Manual, American Heart Association, 2006
(Required) Advanced Cardiac Life Support Provider Instructor Manual, American Heart Association, 2006

CEU's To be determined

Requirements Proof of eligibility for this instructor course must be provided by attaching the following along with payment:

- Current ACLS Card
- Letter of Recommendation

Course Date June 3, 2010
(Choose one)

Course Hours 9am – 5pm

Location 680 Hale Avenue N. Suite 230, Oakdale, Minnesota

Participant Name _____

Title MD/DO PA RN Paramedic Other: _____

Employer/Department _____

Mailing Address _____
Street Apt # City State Zip

Phone _____ Email _____

Tuition & Payment General Public..... \$124 (\$50 tuition + \$74 text fee)

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 \$ _____

Cancellations Written cancellations received more than 1 week before the 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.***