

2021 ACLS Provider Course Registration Form



Mary Washington Healthcare

ACLS Provider 2020 Course Dates

Saturday/Sunday (please check requested date)

- | | |
|--|---------------------|
| <input type="checkbox"/> January 23–24 | |
| <input type="checkbox"/> February 20–21 | Schedule: |
| <input type="checkbox"/> March 20–21 | Day 1 |
| <input type="checkbox"/> April 24–25 | Registration |
| <input type="checkbox"/> May 22–23 | 7:30–8:00 a.m. |
| <input type="checkbox"/> June 26–27 | |
| <input type="checkbox"/> July 24–25 | Days 1 & 2 |
| <input type="checkbox"/> August 21–22 | Skills/Learning |
| <input type="checkbox"/> September 25–26 | Sessions/Testing |
| <input type="checkbox"/> October 23–24 | 8:00 a.m.–5:30 p.m. |
| <input type="checkbox"/> November 20–21 | |
| <input type="checkbox"/> December 18–19 | |

Prerequisites:

1. You must have a current American Heart Association BLS for Healthcare Provider CPR card.
2. You must have working knowledge of cardiac arrhythmias and code drugs.
3. You must be an EMT-I level or above.

Registration Fees

\$275 Physicians, nurses, dentists
(not MWHC Associates)

\$190 Rescue personnel
(outside REMS Council)

\$150 Rescue personnel
(inside REMS Council)

Complete ALL information below and deliver this form to:

MWHC Life Support Training Center

Medical Arts Building, 2301 Fall Hill Avenue, Suite 102, Fredericksburg, VA 22401

Attach a copy (front & back) of current American Heart Association CPR card to the form where applicable. Registration forms will not be accepted without all required documentation.

Name (please print): _____

Street: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Home/Cell Phone: _____

Email (required): _____

License/Certification (e.g. MD, RN, LPN, EMT-P, etc.) _____

To Bill Employer: Employer _____

Employer Billing Address _____

Current AHA CPR Card Included: ____

Payment can be made by cash, check, or credit card. Make checks payable to Mary Washington Hospital and mail to the attention of Life Support Training Center at the address above.

Please notify MWHC Life Support Training Center prior to your class if you require special accommodations. Every effort will be made to assist students while adhering to AHA guidelines.

All class confirmations will come by e-mail.

If cancellations are received less than 2 weeks prior to the course date, no refunds will be given.

MWHC Life Support Training Center Office:
540.741.1585 | Fax: 540.741.1163