

THIS SECTION TO BE COMPLETED BY ALL APPLICANTS

PEDIATRIC ADVANCED LIFE SUPPORT REGISTRATION FORM
For classes held from January 2010 – December 2010

Initial/Expired Registrants must forward a current copy of BLS card in order to complete registration process. Renewals must submit current copies of BLS and PALS cards in order to complete registration process. Failure in doing so will result with an incomplete registration and unconfirmed class.

In order to qualify as a GHS Employee, a photocopy of your hospital ID card MUST accompany this form

Course Location

Time

Date: Day 1

Date: Day 2 (if applicable)

Applicants outside of GHS

_____ \$300 (Initial or Expired Applicant; textbook included)

_____ \$225 (Renewal Applicant; textbook included)

_____ \$200 (Renewal Applicant, without textbook)

Name: (please print clearly) _____

GHS EMPLOYEE ID REQUIRED _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Email Address:** _____

COMPLETE THIS SECTION ONLY IF YOU ARE SUBMITTING PAYMENT

Mail Payment to: Bradford Susquehanna EMS Council, 123 West Lockhart Street, Sayre, PA 18840

Amount Enclosed: _____ Make check/Money order payable to: Bradford Susquehanna EMS Council

FORM OF PAYMENT: Check # _____ Money Order # _____

Credit Card/Debit Card with Visa/Master card logo only **Type:** Master Card, AMEX or Visa (**please circle**)

Credit Card # _____ Exp. Date: (MM/YY) _____

3-digit security code on back of card: _____

(Signature required for all card Payments) Signature: _____

COMPLETE THIS SECTION IF YOU ARE A GHS EMPLOYEE AND YOUR EMPLOYER IS AUTHORIZING YOU TO ATTEND THIS PROGRAM

GHS Affiliation: _____ Department: _____

Cost Center# _____

Please be advised that the cards will be mailed to each applicant at the address listed above; it is the responsibility of the Department to follow up with the employee to get a file copy of the card. Also, please be advise that there is a \$10.00 card replacement fee for misplaced or lost cards and a \$100.00 no show fee for all registered students.

Director/Manager Signature: _____ Print Name: _____

This section has the option to: Fax # 570 882-6053 or send via interoffice Mail at Dept 795 EMS Office