

# Course Registration

This form may be printed, completed and returned with requested documentation to Shelly Reeves, EMT at Helen Newberry Joy Hospital, 502 W. Harrie Street, Newberry, MI 49868. If you have questions please call 293-9586.



## PALS Certification Course

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Credentials/License: \_\_\_ MD \_\_\_ RN \_\_\_ EMT-P \_\_\_ OTHER

First choice course date: \_\_\_\_\_ Alternate: \_\_\_\_\_



## ACLS Certification Course

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Credentials/License: \_\_\_ MD \_\_\_ RN \_\_\_ EMT-P \_\_\_ OTHER

Full Certification Course Registration

First choice course date: \_\_\_\_\_ Alternate: \_\_\_\_\_

Re-Certification Course Registration

First choice course date: \_\_\_\_\_ Alternate: \_\_\_\_\_

### Course offered and sponsored by:

Helen Newberry Joy Hospital & Healthcare Center • 502 W. Harrie Street, Newberry, MI 49868 • 906-293-9200

This training course does not represent sponsorship by the American Heart Association (AHA), and any fees charged for such a course do not represent income to the AHA.

