



Mobile Health Service – MHS Education Course Application
MHS Education Division, 1 RWJ Place, Box 2601,
New Brunswick, NJ 08903-2601
Office 732-937-8686 | Fax 732-418-8199 | www.rwjuh-mhs.org

ACLS Provider, August 23-24, 2014

Optional selections:

- ECG Review Thursday, August 14 at 7:00 p.m.
Pharmacology Review Wednesday, August 13 at 7:00 p.m.
BLS renewal skills validation (additional \$37.00 with AHA BLS for Healthcare Providers Part One Certificate)

Text Options: [] Purchase from RWJUH (\$33.50) [] I possess or will obtain by other means.

Required attachments:

- Valid BLS for Healthcare Providers card or BLS pending at RWJUH on
Payment, credit card info, or EMS Education Waiver Application

Registration acknowledgement by: [] E-mail or [] Telephone

Course Materials Delivery:

- Pick-up M-F 8:30 a.m.-5:00 p.m. at RWJUH EMS Education, 126 Paterson Street in New Brunswick (Recommended if registering within 2 weeks of course.)
U.S. mail to registration address. (This may take 10 days to 2 weeks.)
Interoffice/intercampus to RWJUH or UMDNJ unit/department:

Cancellation Policy: If RECEIVED less than ten BUSINESS DAYS before the course--NO REFUND. If RECEIVED 10 or more business days before the course--full refund if the issued material(s) are returned in brand new condition prior to the start of the course.

I checked that the above information is correct, understand and acknowledge the cancellation policy, and will bring a current textbook to class. Register me.
SIGN HERE

Office Use Only: Acknowledged [] in person by [] phone [] e-mail.
Student [] absent [] incomplete [] cancelled on [] verbally [] in writing.
[] CC Billed [] CC Rejected [] EW attached [] EW billed [] Invoiced [] Training Fund billed
DATE RECEIVED (Form saved 12/11/13, printed 12/11/13)

Forms that are incomplete or without payment will not be processed.

Name (Please print clearly.)

E-mail address (This is our default written communication.)

Address
Day phone Cell phone
Eve phone EMS ID#

Circle your healthcare professional role/level:
MD/DO DDS/DMD PA APN RN LPN RespTx PhysTx MedStudent Paramedic EMT
FR/FF/PD ATC Pharm CCT Other

New Brunswick healthcare campus affiliation, if applicable:
[] RWJUH [] UMDNJ-RWJMS Unit/Department
Check, if appropriate: [] Resident [] Fellow [] Faculty [] MedStudent

PAYMENTS: Tuition \$210 Additional: [] Text \$33.50 [] BLS renewal \$37 TOTAL: \$
CHECK OR MONEY ORDER payable to Robert Wood Johnson University Hospital
\$

CREDIT CARD Circle one: AmericanExpress MasterCard Visa Discover
Cardholder's Name [] Same as above
Cardholder's Address [] Same as above
Card Number
Expiration Date CVV or Security code

Please read and sign below this statement: I agree to pay the total amount noted above per the card issuer agreement.
Cardholder Signature