



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

ACLS Provider, November 22-23, 2014

Optional selections:

- ECG Review Monday, November 17, at 7:00 p.m.
 Pharmacology Review Monday, November 10, 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 3/14/14, printed 3/14/14)

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

Name (Please print clearly.)

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

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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	<input type="checkbox"/> Same as above		
Cardholder's Address	<input type="checkbox"/> 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 _____