



**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 Renewal, Monday, December 8, 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 11/25/14, printed 11/25/14)

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 \$130 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 \_\_\_\_\_