



**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

## Skill Validation for Renewal of BLS for Healthcare Providers Tuesday, November 25, 2014

Select the preferred hour for your skill demonstration appointment:  
 3:30 pm  4:00 pm  4:30 pm  5:00 pm  5:30 pm  6:00 pm  6:30 pm  
 7:00 pm  7:30 pm  8:00 pm  8:30 pm  9:00pm

Optional Text:  Purchase from RWJUH (\$12.00)  No thanks.

Required attachments:  
 Copy of your valid AHA BLS for Healthcare Providers, ARC CPR/AED for Professional Rescuers and Health Care Providers, or NSC professional-level CPR card being renewed  
 Part One Certificate printed after completion of on-line coursework at www.OnLineAHA.org  
 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

**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 \$37.00 Additional:  Text \$12.00 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\_\_\_\_\_