

LIFE SUPPORT TRAINING CENTER / COURSE REGISTRATION FORM

Name:						
Last First		First		Daytime Phone:		
Mailing Ad	Number Street	Apt. #	City	State		
	Number Street	Арі. #	City	State	Zip	
Email Add	ress:					
Title No	urse 🗆	Physician □	Medic □	Oth	ner 🗆	
Make checks payable to: Shore Medical Center. All fees collected support the training programs of Shore Medical Center, not the						
American Heart Association. The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees						
charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the AHA						
RETURN TO: Price increases as of 4/1/24						
				Phone: (609) 653-3962 Fax: (609) 926-4793		
Shore Medical Center				Email: TrainingCenter@shoremedicalcenter.org		
100 Medical Center Way				Web: www.ShoreMedicalCenter.org/trainingcenter		
Somers Point, NJ 08244 *C			^Classes subje	*Classes subject to cancellation when under-enrolled.		
Payment/Cancellation Policy						
1. Payments are due with registration. Refunds only when cancellation notice is received 2 weeks prior to course date.						
 Substitution of course date is permitted within the calendar year. No refund after this time. 						
			•			
	III Basic Life Support (CF	•	\$80.00	Call for all appointm		
	S Provider Manual 20-1102 i		·	y; See calendar on wel	· · ·	
BLS Skills Only *- \$46.00 Must call to schedule – see available dates on website.						
Must complete Heartcode BLS OnLine (Part One) at additional cost and present certificate in advance of class. (Fee discounted to \$40.00 when taken as a pair along with ACLS.)						
	CLS Provider* (2 Day Co		Course Date	1 st choice		
	90.00 Course Fee	,		2 nd choice		
Us	e of ACLS Provider Manual 1	5-1005 Required	(inquire if available from le	ending library)		
□ A(CLS Provider* (Renewal)	**	Course Date	1 st choice		
\$2	200.00 Course Fee			2 nd choice		
	se of ACLS Provider Manual 1					
	ALS Provider* (2 Day Co	ırse)	Course Date	1 st choice		
¥-	90.00 Course Fee	- 40-50 B		2 nd choice		
	e of PALS Provider Manual 1		(inquire if available from le			
	ALS Provider* (Renewal)	• •	Course Date	1 st choice		
\$200.00 Course Fee PALS Provider Manual 15-1058 Required (inquire if available from lending library)						
Note: ACLS/PALS – NOT permitted in class without manual and pre-test scores and Completion Certificate.						
BLS Skills Only requires Heartcode BLS Online course Completion Certificate.						
Course Fee(s):				\$		
Manual Fee(s):				\$		
Skills Only Testing Fee:				\$		
Call to pay by credit card – do NOT write CC number on form Total Amount Submitted:					\$	
See course description on internet for other pre-requisites. *Copy of Current AHA Basic Life Support Provider course completion card required with Registration **Copy of Current Provider Card (for ACLS and PALS Renewals) Required with Registration						

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