

BERGEN COUNTY EMS TRAINING CENTER

EAST 281 PASCACK ROAD, PARAMUS, N.J. 07652 201-343-3407 http://www.BergenEMS.org

CPR COURSES

Recertification Course

American Heart Association - New Jersey Affiliate - BLS Training Center Basic Life Support

Course Location: Bergen County EMS Training Center

CPR for the Healthcare Provider

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		Fee:	\$ 50.00		Fee:	\$ 40.00
Dates.	Thur	2/14/2008	9:00 a m to 2:00 n m	Thur	3/13/2008	12:00 n m to 3:00 r

Basic Course

12:00 p.m. to 3:00 p.m. 9:00 a.m. to 2:00 p.m. 3/31/2008 9:00 a.m. to 2:00 p.m. 4/28/2008 10:00 a.m. to 1:00 p.m. Mon. Mon. Sat. 4/12/2008 9:00 a.m. to 2:00 p.m. Wed. 6/18/2008 12:00 p.m. to 3:00 p.m. 5/29/2008 9:00 a.m. to 2:00 p.m. Thur. Sun. 6/01/2008 9:00 a.m. to 2:00 p.m.

The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course do not represent income to the Association.

The required CPR book is not included, and may be purchased at the EMS Training Center Monday - Thursday for \$15.00.

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MAIL ONLY THIS SECTION TO:

Bergen County EMS Training Center, East 281 Pascack Road, Paramus, N.J. 07652 (201) 343-3407

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<u> </u>	Pre-registration Requested											
CPR for the Healthcare Provider - Thur. 2/14/2008 9:00 a.m 2:00 p.m. Enclose \$ 50.00 FEE	CPR for the Healthcare Provider Recert Thur Enclose \$ 40.00 FEE and a copy of your Curt											
CPR for the Healthcare Provider - Mon. 3/31/2008 9:00 a.m 2:00 p.m. Enclose \$ 50.00 FEE	CPR for the Healthcare Provider Recert Mon p.m. Enclose \$ 40.00 FEE and a copy of you											
CPR for the Healthcare Provider - Sat. 4/12/2008 9:00 a.m 2:00 p.m. Enclose \$ 50.00 FEE	CPR for the Healthcare Provider Recert Wed Enclose \$ 40.00 FEE and a copy of your Curt											
CPR for the Healthcare Provider - Thur. 5/29/2008 9:00 a.m 2:00 p.m. Enclose \$ 50.00 FEE												
CPR for the Healthcare Provider - Sun. 6/01/2008 9:00 a.m 2:00 p.m. Enclose \$ 50.00 FEE	All Non-Bergen County Residents enclose an a of County Fee (once for all courses taken between											
Last Name	First M.I	CPR Spring 08										
Address	Town	OFFICE USE ONLY										
Zip Code	County *	Books \$										
Home Phone ()	Business Phone ()	Tuition Fee \$										
Date of Birth	Soc. Sec. #	Out of County										
Your e-mail address	Affiliation	Fee \$										
(THIS SECTION IS OPTIONA ☐ Asian Hisp	panics (Please specify one) Native American Indian	Total Fee \$										
MALE □FEMALE □ □ Caucasian-White □Mex		Date Rec'd By										
Make checks payable to Ber Note: With this application you are re please report to you	Paid Cash Comp. Check Voucher Pers. Check											
Refunds must be requested in writing	within 2 weeks after the start of the class. no have attended 1 or more class sessions.	Check No.										