



BERGEN COUNTY EMS TRAINING CENTER
 EAST 281 PASCACK ROAD, PARAMUS, N.J. 07652 201-343-3407
<http://www.BergenEMS.org>

CPR COURSES

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

Course Location: *Bergen County EMS Training Center*

CPR for the Healthcare Provider

Basic Course

Recertification Course

Fee: \$ 55.00

Fee: \$ 45.00

Dates:	Mon. 09/19/2011	9:00 a.m. to 2:00 p.m.	Mon. 10/10/2011	10:00 a.m. to 2:00 p.m.
	Mon. 10/24/2011	9:00 a.m. to 2:00 p.m.	Mon. 11/14/2011	10:00 a.m. to 2:00 p.m.
	Mon. 12/05/2011	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.



MAIL ONLY THIS SECTION TO:

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

Pre-registration Requested

- | | |
|--|---|
| <input type="checkbox"/> CPR for the Healthcare Provider - Mon. 9/19/2011
9:00 a.m. - 2:00 p.m. Enclose \$ 55.00 FEE | <input type="checkbox"/> CPR for the Healthcare Provider Recert. - Mon. 10/10/2011, 10:00 a.m. - 2:00 p.m.
Enclose \$ 45.00 FEE and a copy of your Current CPR Card |
| <input type="checkbox"/> CPR for the Healthcare Provider - Mon. 10/24/2011
9:00 a.m. - 2:00 p.m. Enclose \$ 55.00 FEE | <input type="checkbox"/> CPR for the Healthcare Provider Recert. - Mon. 11/14/2011, 10:00 a.m. - 2:00 p.m.
Enclose \$ 45.00 FEE and a copy of your Current CPR Card |
| <input type="checkbox"/> CPR for the Healthcare Provider - Mon. 12/05/2011
9:00 a.m. - 2:00 p.m. Enclose \$ 55.00 FEE | |
- All Non-Bergen County Residents enclose an additional \$25.00 per Semester Out of County Fee (once for all courses taken between 07/01/2011 and 12/31/2011)

Last Name _____	First _____	M.I. _____
Address _____	Town _____	
Zip Code _____	County * _____	
Home Phone () _____	Business Phone () _____	
Date of Birth _____	Soc. Sec. # _____	
Your e-mail address _____	Affiliation _____	

CPR Fall 2011

OFFICE USE ONLY

Books	\$ _____
Tuition Fee	\$ _____
Out of County Fee	\$ _____
Total Fee	\$ _____
Date	Rec'd By

Your Signature: _____

Complete information from you helps us to access adult education funds and to comply with affirmative action reporting regulations. Thank you for checking one of the following:

<input type="checkbox"/> White	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> American Indian / Alaskan Native
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific

MALE FEMALE

Paid Cash	<input type="checkbox"/>	Comp. Check	<input type="checkbox"/>
Voucher	<input type="checkbox"/>	Pers. Check	<input type="checkbox"/>
Check No.	_____		

Make checks payable to Bergen County Technical Schools.

Note: With this application you are registered. Unless notified to the contrary, please report to your first scheduled class.

Refunds must be requested in writing within 2 weeks after the start of the class. NO refunds will be given to students who have attended 1 or more class sessions.