

**NEWARK BETH ISRAEL MEDICAL CENTER
COMMUNITY TRAINING CENTER**

**Basic Life Support Instructor Development Program
Schedule / Registration Form
Year of 2008**

This course consists of two (2) days; one is a Pre-Testing session of three (3) hours, the other eight (8) hours in duration.
Registration forms must be completed and returned to the Training Center.

The Community Training Center adheres to all requirements of the American Heart Association regarding testing and completion.
Registration deadline is 10 days prior to the pre-test date

COURE PREREQUISTION: **Must have a valid/current American Heart Association – Healthcare Provider BLS card.**
Current copy of Healthcare Provider card must be sent along with this registration.
Must be able to pass pre-test based on skills & written test.

√	Date	Location	Time	Pre-Test
<input type="checkbox"/>	February 2, 2008	Newark Beth Israel 201 Lyons Avenue Newark, NJ 07112	9:00 a.m. - 5:00 p.m.	Newark Beth Israel Medical January 18, 2008 4:00 p.m. – 7:00 p.m.
<input type="checkbox"/>	March 28, 2008	Community Medical Center 99 Highway 37 West Toms River, NJ 08755	9:00 a.m. - 5:00 p.m.	Community Medical Center March 6, 2008 4:00 p.m. – 7:00 p.m.
<input type="checkbox"/>	May 30, 2008	Newark Beth Israel 201 Lyons Avenue Newark, NJ 07112	9:00 a.m. - 5:00 p.m.	Newark Beth Israel Medical May 9, 2008 4:00 p.m. – 7:00 p.m.
<input type="checkbox"/>	July 25, 2008	Saint Barnabas Medical Center Old Short Hills Road Livingston, NJ 07039	9:00 a.m. - 5:00 p.m.	Saint Barnabas Medical July 10, 2008 4:00 p.m. – 7:00 p.m..
<input type="checkbox"/>	September 26, 2008	Monmouth Medical Center 300 Second Avenue Long Branch, NJ 07740	9:00 a.m. - 5:00 p.m.	Monmouth Medical Center September 5, 2008 4:00 p.m. – 7:00 p.m.
<input type="checkbox"/>	November 21, 2008	Newark Beth Israel 201 Lyons Avenue Newark, NJ 07112	9:00 a.m. - 5:00 p.m.	Newark Beth Israel Medical November 14, 2008 4:00 p.m. – 7:00 p.m.

To register for a course, place (√) mark in the box listed above next to the course of your choice.

Name: _____ **Profession/Occupation:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Home # () _____ **Work # ()** _____

Payment Methods: _____ **Check (or) Money Order**
Course Fee: _____ **\$200.00 per person (fee includes course materials)**

Make Checks Payable: _____ **NBIMC CPR Department**
Check/Money Order #: _____ **Amount Enclosed:** _____

Mail Registrations & Payment: _____ **NBIMC CPR Training Center**
201 Lyons Avenue
Newark, NJ 07112

Are you an employee of the Saint Barnabas Healthcare System? Yes or No
If you are an employee of the SBHCS and your department is paying the cost of this course, please have your Department Head complete the bottom portion of this form. Please attach a copy of your employee ID Badge with this form.

SBHCS EMPLOYEE INSYSTEM REGISTRATION FORM (Fax#973-923-6437)

Name of SBHCS Affiliate: _____ **Department:** _____

Department Head Signature: _____ **Cost Center #:** _____

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