



OhioHealth
 Emergency Medical Services
 393 East Town Street, Suite 214
 Columbus, Ohio 43215
 (614) 566-9111 fax | 566-8077
 ems@ohiohealth.com

OhioHealthEMS.com

COURSE REGISTRATION FORM

SECTION A: CHOOSE A COURSE

<input type="checkbox"/> ACLS Provider	\$195	<input type="checkbox"/> PALS Provider	\$195
<input type="checkbox"/> ACLS Renewal	\$155	<input type="checkbox"/> PALS Renewal	\$155
<input type="checkbox"/> AMLS Provider/Renewal	\$195	<input type="checkbox"/> PEARS Provider	\$155
<input type="checkbox"/> ASLS Provider (Hospital)		<input type="checkbox"/> PEPP Provider	\$195
<input type="checkbox"/> ASLS Provider (Pre-hospital)	\$155	<input type="checkbox"/> PHTLS Provider/Renewal	\$195
<small>Free for OhioHealth Stroke Network Regional Partners and EMS</small>			
<input type="checkbox"/> BLS Healthcare Provider	\$65	<input type="checkbox"/> Paramedic Refresher	\$325
<input type="checkbox"/> GEMS Provider	\$155	<input type="checkbox"/> Trauma in the Tropics Conference	\$155
<input type="checkbox"/> ITLS Provider	\$195	<input type="checkbox"/> 12-Lead Interpretation (Advanced)	\$140
<input type="checkbox"/> ITLS Renewal	\$195	<input type="checkbox"/> Other _____	\$ _____

SECTION B: READ ENROLLMENT AND CLASS INFORMATION

How to Register:	Complete this form. Fax to (614) 566-8077. Then call the office at (614) 566-9111 option 1 to confirm that space is available in the selected class, our receipt of the registration form and to make payment by credit/debit card, if necessary.
Renewal Students:	Renewal students <u>must</u> attach a copy of the front & back of their current provider card to this registration. The card must be current as of the date of class. Your registration is not complete without this attachment.
Textbooks/Materials:	A loaner textbook and/or materials may be included with some courses at no additional charge. All loaner material must be returned, in the condition provided to the student, on the last day of class or upon request. A fee equal to the purchase price of the loaner textbook and/or materials will be charged if loaner material is not returned in its provided condition.
Course Fees:	All course registrations, course transfer requests, & cancellations must be received 4 or more days prior to the first day of a course. Course transfer requests received 3 or less days prior to the first day of a course are subject to a \$25 course transfer fee. Cancellations received 3 or less days prior to the first day of a course will forfeit one-half of their course fees. Cancellations without notice ("no-shows") forfeit all course fees & will not receive a refund.

SECTION C: COMPLETE STUDENT INFORMATION

Class Date	Class Location	Last 4 digits of SSN (Required for CE Credit)	
Participant Name		Credentials (RN, EMTP, etc)	
Home Address	City	State	Zip
Day Phone	Alternate Phone	Email Address	
Employer /Organization		Department / Division	

SECTION D: CHOOSE A PAYMENT TYPE

Check Enclosed
 Credit/Debit Card Payment By Phone (Call the Outreach Education office at (614) 566-9111 option 1 to make payment)
 OhioHealth Interdepartmental Transfer (Must be *pre-approved* by Outreach Education; Complete/Attach Cost Transfer Form)
 Send Invoice (Businesses and Organizations Only; Must be *pre-approved* by Outreach Education; Complete Section Below)
 Not Applicable

Employer /Organization to be billed		PO Number	
Billing Address	City	State	Zip Code
Day Phone	Fax	Email Address	
Signature of Person Authorizing Payment		Printed Name of Person Authorizing Payment	