



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	\$195	<input type="checkbox"/> PEARS Provider	\$155
<input type="checkbox"/> BLS Healthcare Provider	\$65	<input type="checkbox"/> PEPP Provider	\$195
<input type="checkbox"/> GEMS Provider	\$155	<input type="checkbox"/> PHTLS Provider	\$195
<input type="checkbox"/> EMT Refresher	\$220	<input type="checkbox"/> Paramedic Refresher	\$325
Visit OhioHealthEMS.com/calendar to register for Advanced Stroke Life Support (ASLS) Provider courses.		<input type="checkbox"/> Other _____	\$ _____

SECTION B: READ ENROLLMENT AND CLASS INFORMATION	
How to Register:	View our course calendar online at www.ohiohealthems.com/calendar . Complete this form. Form can be emailed to EMS@OhioHealth.com or faxed to (614) 566-8077. Please call the office at (614) 566-8173 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, NRP, EMT, etc)	
Home Address		City		State	Zip
Day Phone		Alternate Phone		Email Address	
Employer /Organization			Department / Division		

SECTION D: CHOOSE A PAYMENT TYPE					
<input type="checkbox"/> Check Enclosed					
<input type="checkbox"/> Credit/Debit Card Payment By Phone (Call the Outreach Education office at (614) 566-8173 to make payment)					
<input type="checkbox"/> OhioHealth Interdepartmental Transfer (Must be <i>pre-approved</i> by Outreach Education; Complete/Attach Cost Transfer Form)					
<input type="checkbox"/> Send Invoice (Businesses and Organizations Only; Must be <i>pre-approved</i> by Outreach Education; Complete Section Below)					
<input type="checkbox"/> Not Applicable					
Organization to be billed			PO Number (f applicable)		
Billing Address		City	State	Zip Code	
Day Phone		Fax	Email Address		
Signature of Person Authorizing Payment			Printed Name of Person Authorizing Payment		