

2011 TRAINING CENTER DATES —Revised 9-20-10-Department Copy

BLS INSTRUCTOR	BLS RECOGNITION & RE-REC	Special Classes
January 6, 2011 Thursday --CANCELED Room 2812	January 20, 2011 Thursday – Room 2812 February 17, 2011 Thursday – Room 2812	MS-3 SSOM BLS Room 2812 Wed, Thurs, Fri-June 29, 30, July 1
September 7, 2011 Wednesday Room 2812	March 23, 2011 Wednesday – Room 2812 April 19, 2011 Tuesday – Room 2812	MS-I SSOM BLS Room 2812 Wed, Thurs., Fri.—July 27, 28, 29
	May 19, 2011 Thursday – Room 2812	
	June 14, 2011 Not open to public Tuesday– Room 2812	Anesthesia ACLS/BLS Saturday, January 15, 2011 Rms. 2812, 2826, 2823, 2814
	June 24, 2011 Not open to public Friday – Room 2812	
	July 21, 2011 Thursday – Room 2812	PALS-One Day—Hold Room Resv Monday, June 13, 2011
	August 18, 2011 Thursday – Room 2812	Rms. 2812, 2826,2823,2814
	September 22, 2011 Thursday – Room 2812	
	October 20, 2011 Thursday – Room 2812	
	November 16, 2011 Wednesday – Room 2812	
	December 14, 2011 Wednesday – Room 2812	
INSTRUCTOR	ACLS Recognition & Re-Recog.	PALS Recognition & Re-Recog.
March 2, 2011- CANCELLED Wednesday (ACLS) Rooms 2812, 2823	January 31, 2011 Monday Rooms 2812, 2826, 2823, 2814	RECOGNITION/NEW ONLY Jan 27 & 28, 2011 Thurs & Fri Rms.2812, 2826, 2814, 2823
March 28, 2011-CANCELLED Monday (PALS) Rooms 2812, 2826, 2814, 2823	March 14, 2011 Monday Rooms 2812, 2826, 2814, 2823	RE-RECOGNITION/RENEW ONLY January 11, 2011 – Tuesday Rms. 2812 & 2826
	April 5, 2011 Tuesday Rms. 2812, 2826, & 2814, 2823	RECOGNITION/NEW ONLY April 11 & 12, 2011 Mon & Tue - Rms.2812, 2826, 2814, 2823
August 22, 2011 Monday (PALS) Rooms 2812, 2814, 2823, 2826	May 26, 2011 Thursday Rms. 2812, 2826, & 2814, 2823	RE-RECOGNITION/RENEW ONLY April 28, 2011 – Thursday Rms. 2812, 2826
October 27, 2011 Thursday (ACLS) 2812, 2823	June 16, 2011 Thursday Rms. 2812, 2826, 2814, 2823	RECOGNITION/NEW ONLY June 20 & 21, 2011 Monday & Tuesday Rms. 2812, 2826, 2814, & 2823
	June 27, 2011 Monday Rms. 2812, 2826, 2814, 2823	RE-RECOGNITION/RENEW ONLY June 3, 2011, Friday Rms. 2812, 2826
	July 12, 2011 Tuesday Rms. 2812, 2826, 2814, 2823	RECOGNITION/NEW ONLY September 12 & 13, 2011 Monday & Tuesday Rms.2812, 2814, 2823, 2826
	August 1, 2011 Monday Rm. 2812, 2814, 2823, 2826	RE-RECOGNITION/RENEW ONLY September 26, 2011 – Monday Rms. 2812, 2826
	September 1, 2011 Thursday – Rms. 2812, 2814, & 2823, 2826	
	October 13, 2011 Thursday- Rms. 2812, 2814, & 2823, 2826	
	November 7, 2011 Monday, Rms. 2812, 2814, & 2823, 2826	
	December 7, 2011 Wed.– Rms. 2812, 2814, & 2823, 2826	

BASIC LIFE SUPPORT COURSES – REGISTRATION FORM – MARCH/APRIL/MAY 2011
 Loyola Health Care System – An American Heart Association - Illinois Region - Designated Training Center

Name _____ Title / Occupation _____
 Address _____ Employer / Dept. _____
 City/State/Zip _____ Daytime Phone () _____
 Pager No. () _____ E-mail: _____

PLEASE CHECK WHICH COURSE YOU WOULD LIKE TO ATTEND.

You must have a current BLS card in order to attend a BLS Healthcare Provider Renewal Course.

√	Course Title	Course Date	Time	Registration Deadline	Course Fees	
					Non-LUHS Employee	LUHS * Employee
<input type="checkbox"/>	BLS Healthcare Provider - Recognition	Wednesday March 23	7:00am – 11:00am	March 9	\$ 45	\$ 25
<input type="checkbox"/>	BLS Healthcare Provider- Renewal	Wednesday March 23	12:00pm - 3:30pm	March 9	\$ 40	\$ 20
<input type="checkbox"/>	BLS Healthcare Provider - Recognition	Tuesday April 19	7:00am – 11:00am	April 5	\$ 45	\$ 25
<input type="checkbox"/>	BLS Healthcare Provider - Renewal	Tuesday April 19	12:00pm -3:30pm	April 5	\$ 40	\$ 20
<input type="checkbox"/>	BLS Healthcare Provider - Recognition	Thursday May 19	7:00am – 11:00am	May 5	\$ 45	\$ 25
<input type="checkbox"/>	BLS Healthcare Provider- Renewal	Thursday May 19	12:00pm - 3:30pm	May 5	\$ 40	\$ 20

Payment options: Cash, personal check or money order payable to **Loyola University Medical Center**, DISCOVER, VISA, MASTERCARD, or American Express. **Course fee includes student manual, provider course, and course card.**

Credit Card #: _____ Exp. Date: _____ V/Code: _____

To Register: Complete this registration form; enclose payment and a **copy of both sides of current provider card** (for renewal course) and mail or bring in person to:
 Department of Nursing Education
 Loyola University Medical Center
 2160 South First Avenue,
 Mulcahy Center (Bldg. 106), Room 0701
 Maywood, IL 60153

Registration forms with credit card payment and **copy of both sides of current BLS provider card** (for renewal course) can also be faxed to our secure fax number: **FAX NUMBER: 708-216-4759**

Registration Checklist:

- **Completed Registration Form**
- **Payment**
- **Copy of both sides of current BLS provider card if registering for Renewal Course**

Confirmation & Cancellation:

A confirmation letter and course materials will be sent to you after receiving payment and registration.
Cancellations must be received no later than 5 business days before the course date.
Cancellations received less than 5 business days before the class and no shows will forfeit course fee.

For additional information contact: LUHS AHA Training Center (708) 216-3965 Office hours Monday-Friday 9:00am – 4:00pm

-----DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY-----

Registration Form Complete	YES NO	Copy of BLS Card for Renewals	YES NO N/A
Payment	CASH CHECK CREDIT CARD	Payment Processed: YES NO	Payment Returned Payment Forfeited
Course Materials: Letter Manual Review Sheet	Picked-Up: _____	Mailed: _____	Initials: _____

ADVANCED CARDIAC LIFE SUPPORT WITH BLS COURSES – REGISTRATION FORM APRIL/MAY 2011

Loyola Health Care System – An American Heart Association - Illinois Region - Designated Training Center

Name _____ Title / Occupation _____
 Address _____ Employer / Dept. _____
 City/State/Zip _____ Daytime Phone () _____
 Pager No. () _____ E-mail: _____

PLEASE CHECK WHICH COURSE YOU WOULD LIKE TO ATTEND.

You must have a current BLS card in order to attend any ACLS course. You must have a current ACLS card in order to attend an ACLS Renewal Course.

√	Course Title	Course Date	Time	Registration Deadline	Course Fees	
					Non-LUHS Employee	LUHS * Employee
<input type="checkbox"/>	Advanced Cardiac Life Support – Recognition (Includes BLS Renewal)	Tuesday April 5	7:00am – 7:00pm	March 22	\$210	\$140
<input type="checkbox"/>	Advanced Cardiac Life Support-Renewal (Includes BLS Renewal)	Tuesday April 5	7:00am - 3:30pm	March 22	\$150	\$120
<input type="checkbox"/>	Advanced Cardiac Life Support – Recognition (Includes BLS Renewal)	Thursday May 26	7:00am – 7:00pm	May 12	\$210	\$140
<input type="checkbox"/>	Advanced Cardiac Life Support-Renewal (Includes BLS Renewal)	Thursday May 26	7:00am -3:30pm	May 12	\$150	\$120

Payment options: Cash, personal check or money order payable to **Loyola University Medical Center**, DISCOVER, VISA, MASTERCARD, or American Express. **Course fee includes student manuals, provider course, and course cards.**

Credit Card #: _____ Exp. Date: _____ V/Code: _____

To Register: Complete this registration form; enclose payment and a **copy of both sides of current BLS provider card and current ACLS card** (for renewal course) and mail or bring in person to:

Department of Nursing Education
 Loyola University Medical Center
 2160 South First Avenue,
 Mulcahy Center (Bldg. 106), Room 0701
 Maywood, IL 60153

Registration forms with credit card payment and **copy of both sides of current BLS provider card and current ACLS card** (for renewal course) can also be faxed to our secure fax number: **FAX NUMBER: 708-216-4759**

Registration Checklist:

- Completed Registration Form
- Payment
- Copy of both sides of current BLS provider card
- Copy of both sides of current ACLS provider card for Renewal Course

Confirmation & Cancellation:

A confirmation letter and course materials will be sent to you after receiving payment and registration.

Cancellations must be received no later than 5 business days before the course date.

Cancellations received less than 5 business days before the class and no shows will forfeit course fee.

For additional information contact: LUHS AHA Training Center (708) 216-3965 Office hours Monday-Friday 9:00am – 4:00pm

-----DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY-----

Registration Form Complete	YES NO	Copy of BLS Card	YES NO
		Copy of ACLS Card for Renewals	YES NO N/A
Payment	CASH CHECK CREDIT CARD		
	Payment Processed: YES NO	Payment Returned	Payment Forfeited
Course Materials: Letter Manuals Review Sheet	Picked-Up: _____	Mailed: _____	Initials: _____

PEDIATRIC ADVANCED LIFE SUPPORT COURSES (PALS) – REGISTRATION FORM – APRIL 2011
 Loyola Health Care System – An American Heart Association - Illinois Region - Designated Training Center

Name _____ Title / Occupation _____
 Address _____ Employer / Dept. _____
 City/State/Zip _____ Daytime Phone () _____
 Pager No. () _____ E-mail: _____

PLEASE CHECK WHICH COURSE YOU WOULD LIKE TO ATTEND.

You must have a current BLS card in order to attend any PALS course. You must have a current PALS card in order to attend a PALS Renewal Course.

√	Course Title	Course Date	Time	Registration Deadline	Course Fees	
					Non-LUHS Employee	LUHS Employee
<input type="checkbox"/>	Pediatric Advanced Life Support-Recognition—2 Day Course	Monday & Tuesday April 11 & 12	8:00am – 4:00pm	March 28	\$ 180	\$120
<input type="checkbox"/>	Pediatric Advanced Life Support-Renewal	Thursday April 28	8:00 – 2:30 pm	April 14	\$ 120	\$ 90

Payment options: Cash, personal check or money order payable to **Loyola University Medical Center**, DISCOVER, VISA, MASTERCARD, or American Express. **Course fee includes student manuals, provider course, and course card.**

Credit Card #: _____ **Exp. Date:** _____ **VICode:** _____

To Register: Complete this registration form, enclose payment and a **copy of both sides of current BLS provider card and current PALS card** (for renewal course) and mail or bring in person to:

Department of Nursing Education
 Loyola University Medical Center
 2160 South First Avenue,
 Mulcahy Center (Bldg. 106), Room 0701
 Maywood, IL 60153

Registration forms with credit card payment and **copy of both sides of current BLS provider card and PALS card** (for renewal course) can also be faxed to our secure fax number: **FAX NUMBER: 708-216-4759**

Registration Checklist:

- Completed Registration Form
- Payment
- Copy of both sides of current BLS provider card
- Copy of both sides of current PALS provider card if registering for Renewal Course

Confirmation & Cancellation:

A confirmation letter and course materials will be sent to you after receiving payment and registration.

Cancellations must be received no later than 5 business days before the course date.

Cancellations received less than 5 business days before the class and no shows will forfeit course fee.

For additional information contact: LUHS AHA Training Center (708) 216-3965 Office hours Monday-Friday 9:00am – 4:00pm

-----DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY-----

Registration Form Complete	YES NO	Copy of BLS Card	YES NO
		Copy of PALS Card for Renewals	YES NO N/A
Payment	CASH CHECK CREDIT CARD		
	Payment Processed: YES NO	Payment Returned	Payment Forfeited
Course Materials: Letter Manuals Review Sheet	Picked-Up: _____	Mailed: _____	Initials: _____