



MOSES CONE HEALTH SYSTEM

## Pediatric Advanced Life Support Course Registration Form

In order to process, please complete ALL information

**TARGET AUDIENCE: Moses Cone Health System Staff & Community Pediatric Healthcare Providers**

**Complete form and mail/send, no later than 7 days before class and include the following:**

**Moses Cone Health System EMPLOYEES:**

- Mail a copy of your current BLS Healthcare Provider card, if not on employee transcript.
- Moses Cone Health System employee ID # \_\_\_\_\_
- Be prepared with \$5 for PALS card. OPTIONAL
- Note: Your name will appear on the Moses Cone Health System Intranet Staff Education folder within one week of receipt to confirm your registration status.

**COMMUNITY PARTICIPANTS - All community participants must print and mail registration information to:**

Moses Cone Health System, Attn: Staff Education, 1200 N. Elm Street, Greensboro, NC 27401

- A copy of your current BLS Healthcare Provider card.
- A \$120 check made payable to Moses Cone Health System (includes card and textbook).
- Confirmation letters will be mailed to the address given below 2-3 weeks prior to course.

Participant Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Participant (SIGNATURE): \_\_\_\_\_

Date of Course: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_