

**CONE HEALTH
ADVANCED CARDIAC LIFE SUPPORT
COURSE REGISTRATION FORM**

In order to process, please complete ALL information.

TARGET AUDIENCE: Healthcare providers not employed by Cone Health.
Please book early - classes fill quickly.

Complete form and mail to:

Cone Health
Staff Education
706 Green Valley Rd, Suite 300
Greensboro, NC 27408

Include:

- A copy of your current BLS Healthcare Provider card (current BLS is a prerequisite for ACLS).
- \$50 check/money order (textbook).
- \$300 check/money order (course fee).
- \$350 total (can be paid with one check to Cone Health).

A confirmation email will be sent and your textbook will be mailed within 2 weeks to the address below.

Name:

Job Title:

Street Address:

City: _____ **State:** _____ **Zip:** _____

Phone number

Work: _____ **Home:** _____

Cell: _____

Email address: _____

Date of class: 1st choice: _____ **2nd choice:** _____

Initial class _____ **or Renewal** _____

Please contact Rob Emory if you have any questions at
rob.emory@conehealth.com