

**CONE HEALTH  
PEDIATRIC ADVANCED 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 AHA BLS or Red Cross Provider card (current BLS is a prerequisite for PALS).
- Completed Pre-Test found at <https://elearning.heart.org/course/427>.
- \$60 check/money order (textbook).
- \$300 check/money order (course fee).
- \$360 total (can be paid with one check to Cone Health). Credit card option available.

**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: 1<sup>st</sup> choice:** \_\_\_\_\_ **2<sup>nd</sup> choice:** \_\_\_\_\_

**Initial class** \_\_\_\_\_ **or Renewal** \_\_\_\_\_

**Please contact Rob Emory with any questions [rob.emory@conehealth.com](mailto:rob.emory@conehealth.com).**