

**12 Lead EKG**

**Registration Application**

**PLEASE CHECK DATE YOU WILL ATTEND:**

- March 8, 2012**
- June 28, 2012**
- September 6, 2012**
- December 6, 2012**

**PLEASE COMPLETE & PRINT CLEARLY:**

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

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

City/State/Zip: \_\_\_\_\_

License #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

**Course fee:**     \$90 (SSNA)  
                           \$120 (Non SSNA)

**IF SELF PAY –**  
Send completed form with payment to:  
(check payable to CHW)

Continuing Education Consortium  
Dignity Health – Strategic Learning Development  
1700 Tribute Road, Suite 100  
Sacramento, CA 95815

**IF HOSPITAL IS RESPONSIBLE  
FOR PAYMENT**  
Send completed form to  
hospital facilitator.

**SSNA HOSPITALS**

Barton Memorial, Catholic Healthcare West -  
Greater Sacramento Svs Area, Fremont-Rideout,  
Kaiser Capital Service Area, Kindred Hospital,  
Marshall Hospital, Methodist Hospital, Northbay,  
Shriner's Hospital, Sierra Nevada Memorial,  
Sutter-Auburn, Sutter-Davis, Sutter Medical  
Center, Sutter-Roseville, UC Davis Medical  
Center & Woodland Memorial.

**HOSPITAL FACILITATOR USE ONLY**

Signature ***required by facilitator***  
if hospital is responsible for payment.  
**FAX** completed form to the CEC Coordinator  
Fax: (916) 733-6286

Facilitator signature **required** if hospital is paying fee