

BASIC CARDIAC MONITORING COURSE
Registration Application

PLEASE CHECK DATE YOU WILL ATTEND:

- | | |
|--|---|
| <input type="checkbox"/> June 13, 20 & 27, 2012 | <input type="checkbox"/> July 11, 18 & 25, 2012 |
| <input type="checkbox"/> August 15, 22 & 29, 2012 | <input type="checkbox"/> September 19, 26 & October 3, 2012 |
| <input type="checkbox"/> October 31, November 7 & 14, 2012 | <input type="checkbox"/> December 5, 12 & 19, 2012 |

PLEASE COMPLETE & PRINT CLEARLY:

Name: _____

Address: _____

City/State/Zip: _____

Nursing License #: _____

Home Phone: _____

Work Phone: _____

Employer: _____

Department: _____

Supervisor's Signature: _____

Course fee:

SSNA Employee Course Fee \$180 ___

Non-SSNA Course Fee \$250 ___

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.

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.

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