

**Cardiopulmonary Assessment
Registration Application**

PLEASE CHECK DATE YOU WILL ATTEND:

- October 28 & November 11, 2011**
- March 16 & 30, 2012**
- September 14 & 28, 2012**

PLEASE COMPLETE & PRINT CLEARLY:

Name: _____

Address: _____

City/State/Zip: _____

Nursing License #: _____

Home Phone: _____

Work Phone: _____

Employer: _____

Department: _____

Supervisor's Signature: _____

Course fee: \$140 (SSNA)
 \$180 (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