

BASIC LIFE SUPPORT

LICENSED HEALTHCARE PROVIDER

THIS LEVEL IS AIMED AT PHYSICIANS, DENTISTS, NURSES AND MEDICAL AND DENTAL STUDENTS. IT IS NOT DESIGNED FOR NON-LICENSED STAFF. OTHERS SHOULD ATTEND THE UNLICENSED HEALTHCARE PROVIDER SESSIONS. A SCHEDULE OF THESE CLASSES IS AVAILABLE FROM THE CPR OFFICE.

DECEMBER 2009

TUESDAY, 12/1 8:30 A.M.	MONDAY, 12/7 10:00 A.M.	THURSDAY, 12/10 1:30 P.M.	WEDNESDAY, 12/16 2:00 P.M.
WEDNESDAY, 12/2 11:00 A.M.	1:00 P.M.	3:00 P.M.	3:30 P.M.
3:30 P.M.	TUESDAY, 12/8 2:00 P.M.	MONDAY, 12/14 8:30 A.M.	THURSDAY, 12/17 10:00 A.M.
THURSDAY, 12/3 7:30 A.M.		TUESDAY, 12/15 9:00 A.M.	11:30 A.M.
		10:30 A.M.	

JANUARY 2010

TUESDAY, 1/5 7:00 A.M.	FRIDAY, 1/8 10:00 A.M.	WEDNESDAY, 1/13 1:30 P.M.	MONDAY, 1/25 8:00 A.M.
10:30 A.M.	12:30 P.M.	THURSDAY, 1/21 2:00 P.M.	9:30 A.M.
WEDNESDAY, 1/6 11:00 A.M.	2:00 P.M.	3:30 P.M.	TUESDAY, 1/26 11:30 A.M.
3:00 P.M.	MONDAY, 1/11 7:30 A.M.	FRIDAY, 1/22 9:30 A.M.	WEDNESDAY, 1/27 8:30 A.M.
THURSDAY, 1/7 9:00 A.M.	11:30 A.M.	2:30 P.M.	10:30 A.M.
12:00 P.M.	TUESDAY, 1/12 1:00 P.M.		3:30 P.M.
			THURSDAY, 1/28 1:30 P.M.

TO REGISTER RETURN THE FORM BELOW TO THE CPR OFFICE, EMSLRC, S612 GH, OR CALL 356-3635

I WILL ATTEND _____ AT _____
(DATE) (TIME)

_____ SEND REVIEW MATERIAL _____ REVIEW NOT NEEDED

NAME: _____

DEPT/DIV: _____ PHONE: _____

CAMPUS ADDRESS: _____

DIRECTIONS: TAKE ELEVATOR C TO 6TH FLOOR, TWO RIGHT TURNS OFF THE ELEVATOR. CPR CLASSROOM IS THE THIRD DOOR ON THE LEFT, ROOM S612.