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BASIC LIFE SUPPORT

UNLICENSED HEALTHCARE PROVIDER

THESE CLASSES ARE NOT INTENDED FOR LICENSED STAFF (DOCTORS, DENTISTS, NURSES). LICENSED STAFF ARE WELCOME TO ATTEND IF THEY CHOOSE, BUT THE FOCUS WILL BE ON NAs, NUCS, AND OTHER SUPPORT STAFF.
THERE IS NOW A \$25 CHARGE FOR NON-UHHC STUDENTS.

DECEMBER 2009

INITIAL TRAINING

THURSDAY, DECEMBER 3 AT 9:00 A.M.

RENEWAL

TUESDAY, 12/1, 10:00 A.M.
WEDNESDAY, 12/2, 9:00 A.M.
" 1:30 P.M.
THURSDAY, 12/3, 2:00 P.M.
MONDAY, 12/7, 8:00 A.M.

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

JANUARY 2010

INITIAL TRAINING

THURSDAY, JANUARY 21 AT 9:00 A.M.

RENEWAL

TUESDAY, 1/5, 9:00 A.M.
WEDNESDAY, 1/6, 1:00 P.M.
THURSDAY, 1/7, 10:30 A.M.
FRIDAY, 1/8, 8:00 A.M.
MONDAY, 1/11, 9:30 A.M.
TUESDAY, 1/12, 10:00 A.M.
" 3:00 P.M.

WEDNESDAY, 1/20, 8:30 A.M.
" 10:00 A.M.
FRIDAY, 1/22, 11:30 A.M.
MONDAY, 1/25, 12:00 P.M.
" 2:00 P.M.
TUESDAY, 1/26, 9:00 A.M.
WEDNESDAY, 1/27, 1:00 P.M.
THURSDAY, 1/28, 3:00 P.M.

TO REGISTER, RETURN THE FORM BELOW TO THE CPR OFFICE, EMSLRC, 5612, GH,
OR CALL 356-3635

I WILL ATTEND

_____ AT _____
(TIME) (DATE)

NEEDED _____ SEND REVIEW MATERIAL _____ REVIEW NOT

NAME

DEPT/DIV: _____

PHONE: _____

CAMPUS ADDRESS:

DIRECTIONS: TAKE ELEVATOR C TO 6TH FLOOR, TWO RIGHT TURNS. THE CPR CLASSROOM IS THE THIRD DOOR ON THE LEFT (5612).