

**NOTICE: Please read this carefully.
OUR POLICIES HAVE CHANGED!
PALS RENEWAL**

Thank you for your interest in the Pediatric Advanced Life Support (PALS) Renewal courses conducted by the EMSLRC. In an effort to better fulfill our mission to UIHC, we have revised our course participant eligibility policies. Please read carefully and determine your status prior to registering for a course.

UIHC Healthcare Providers – Deposit Required; No Fee

This includes UIHC Healthcare providers (except licensed independent practitioners) who are ***required*** to complete PALS as a departmental or job obligation. A \$45 deposit will still be required with completed registration and will be returned upon course completion and return of materials. Nursing continuing education credit is available for a \$12 fee.

Other UIHC Healthcare Providers - Reduced Fee \$45

This includes all UIHC licensed independent practitioners (physicians, physician assistants, advanced registered nurse practitioner, dentists) and any other UIHC Healthcare providers not required to complete PALS as a departmental or job obligation. A \$45 Fee will be required with completed registration. Participant will retain course materials. Nursing continuing education credit is included.

Non-UIHC Healthcare Providers - Fee \$75

This includes any non-UIHC employee participants. A \$75 fee will be required with completed registration. Participant will retain course materials. Nursing continuing education credit is included.

Registration

The enclosed registration form needs to be completed legibly, signed, and returned to the EMSLRC as soon as possible as course size is limited.

WE ARE UNABLE TO ACCEPT PHONE REGISTRATIONS.

The deposit or fee ensures your enrollment in the course. Deposits will be returned to qualified participants upon completion of the course and return of the materials in good condition. Those participants paying a fee may keep the materials.

Materials for the course may be obtained from the EMSLRC approximately 4 weeks prior to the course. Participants will receive e-mail notification when course materials are ready to be picked up. **Course materials must be picked up in the EMSLRC at least 14 days prior to start of the course or you will forfeit your enrollment and deposit.**

Nursing CEU credit is available for an additional \$12 fee for those submitting only a deposit. (Separate check.) CEU fee is due at the completion of the course.

Cancellation Policy

THE EMSLRC WILL RETAIN YOUR DEPOSIT IF YOU DO NOT ATTEND OR FAIL TO NOTIFY US OF YOUR CANCELLATION 14 DAYS IN ADVANCE OF THE COURSE.

If materials have already been checked out and cancellation occurs, they must be returned to the EMSLRC within 7 days from the date of cancellation or your deposit will be forfeited.

Emergency Medical Services Learning Resources Center

200 Hawkins Drive, S 608-1 GH Iowa City, IA 52242-1009

319-356-2597

Pediatric Advanced Life Support-Renewal

Registration Information-COMplete/RETURN THIS ENTIRE PAGE

The deposit or fee ensures your enrollment in the course. Deposits will be returned to qualified participants upon completion of the course and return of the materials in good condition. Those participants paying a fee may keep the materials.

THE EMSLRC WILL RETAIN YOUR DEPOSIT OR FEE IF YOU DO NOT ATTEND OR FAIL TO NOTIFY US OF YOUR CANCELLATION 14 DAYS IN ADVANCE OF THE COURSE.

Nursing CEU credit is available for an additional \$12 to those paying only the deposit. (Separate check from course deposit, payable to "EMSLRC") CEU fee is included for those submitting a FEE.

SEPARATE PAYMENTS REQUIRED FOR MULTIPLE COURSE REGISTRATIONS.

Please select one of the following courses:

- Wednesday, April 16, 2008 **FULL** Evening course held 6 pm -10 pm
- Tuesday, August 5, 2008 Daytime course held 2 pm - 6 pm
- Wednesday, November 12, 2008 Evening course held 6 pm -10 pm

Please Print

COMPLETE THIS FORM (DO NOT DETACH) RETURN THE ENTIRE PAGE

Please Print

Incomplete forms will be returned.

SEND TO: Samantha Murphy, EMSLRC, S 608-1 GH

UIHC Healthcare Providers
(Non-Physician)
DEPOSIT REQUIRED; NO FEE

Other UIHC Healthcare Providers
(Includes Faculty & Staff Physicians)
REDUCED FEE \$45

NAME: _____

UIHC DEPARTMENT: _____ **CAMPUS ADDRESS:** _____

HOME ADDRESS: _____

CITY / STATE / ZIP : _____

PHONE (WORK/PAGER): _____ **E-MAIL** _____

➤ *I have read and agree to the above outlined conditions concerning failure to attend and cancellation policies.*

SIGNED _____

OFFICE USE ONLY: Deposit/Fee received **Materials Packet Sent**