

TO Register: FOR ACLS, BLS, PALS Renewal Classes

You **MUST** include a copy of your recent card. You **MUST** bring your card to class to present to the instructor. If card is expired, you can not register for a renewal class. Also, it is mandatory to have a current AHA text book before class for studying (at least 1 week before class). Contact Nursing Education to make arrangements to borrow a book. (Please see instructions on ordering books at the back of this form.)

To register for STABLE and NRP please call ext. 4101 for enrollment instructions

DEPOSITS (GSH EMPLOYEES)

Make check payable to GSH Nursing Education. Date check for the day of the class. Deposit is non-refundable for no-shows, tardiness, or unreturned borrowed books. Deposits will not be refunded if the class is failed. If the course is not required by your department or if you are not an employee of GSH please contact the Education Department Coordinator for fee amount.

CANCELLATION POLICY

For ACLS, BLS, PALS classes, you must contact the Education Department at (213) 977-2348 to cancel or reschedule two (2) weeks prior to class date. All classes have a two registration deadline prior to the class date. Otherwise you **forfeit your deposit** an exception to this is if your manager requires you come to work on that day. Please provide Education Department with a written confirmation from your manager. Calls received after the day of class will not be considered for deposit refund.

REGISTRATIONS

To ensure your reservation for ACLS, BLS, or PALS classes, registrations with deposit must be received no later than two (2) weeks (excluding weekends) prior to class date. Registration with deposit must be received No later than 2 weeks before the specified class date. **NO EXCEPTIONS.**

WHERE TO SUBMIT YOUR REGISTRATION FORM:

1. Hospital Education Drop Box (at Security Desk by ER 24 hours a day)
2. Hospital Education Office (room 608, Lucas Building) Telephone: (213) 977-2348
3. US mail to: GSH Nursing Education, Room 637 Lucas Ave Rm#608, Los Angeles, Ca 90017

Don't forget to include a copy of your CARD!!!

**PLEASE PRINT CLEARLY AND USE YOUR LEGAL NAME NO NICKNAMES PLEASE.
THIS IS FOR OFFICIAL CERTIFICATION.**

REGISTRATION FORM (PLEASE PRINT)

CLASS NAME		Date of Class		Deposit Amount		\$	
Last Name		First Name		Middle Initial		Title/Position	
Address							
City		State		Zip Code		Date that your Card expires:	
Main Contact Phone number		E-mail (optional)					
Employee #		Unit or Department Name		Shift Am or PM		Work # or ext.	
If you are registering for a CEU class please add your RN/LVN license number.							
<input type="checkbox"/> Mark here if you are not a GSH employee and enter the name of your outside facility :							
<input type="checkbox"/> I HAVE READ AND UNDERSTOOD ALL THE INFORMATION PROVIDED IN THIS FORM.							
Signature X				Date			
IMPORTANT: To ensure that you are properly registered for this class, we will send a confirmation upon receiving this completed form and correct deposit. If you have not received you confirmation within two weeks of registering or if you have lost it, call x2348.							
For Office Use Only: Rcvd in ed _____ Dep rcvd _____ Type _____ Conf ltr mld _____ Book _____ Dt _____ Class atnd <input type="checkbox"/> Book rcvd <input type="checkbox"/> Dep returned <input type="checkbox"/> Date _____							