KENNEDY MEMORIAL HOSPITALS
University Medical Center Cherry Hill

ACLS, BLS, BBP,1ST Aid PALS, PEARS, TNCC, ENPC

Basic Life Support Courses at Kennedy 2010

FRIENDS & FAMILY CPR COURSE: Teaches CPR and choking-relief techniques for Adults. Children and infants
7P-10P. $40.00 for one participant, $60.00 for 2.

Cherry Hill 5th floor Conference Room	Washington Twp. 3rd Floor Classroom
February 2	March 2
April 6	May 4
June 1	July 6
August 3	September 7
October 5	November 2

HS FIRST AID COURSE: Teaches First Aid Techniques with Heart Saver CPR & AED course 9am-3pm Held 3rd Saturday of every other month in Stratford. .$75.00

February 20	June 19	October 18
April 17	August 21	December 18

HEALTHCARE PROVIDER COURSES: Certification course teaches the CPR techniques (1 & 2-person adult, child & pediatric, choking-relief, AED). $65.00

Washington Twp ED Conference Room 1st floor	Stratford 3rd floor (M) medium classroom	Cherry Hill Courses 5th Floor Auditorium
2nd Wednesday 9a- or 1p - or 7p	3rd Wednesday 9a - or 1p - or 7p	4th Wednesday 9a –or – 1p – or 7p

Health Care Provider Recert Only course **every** Monday night from 7pm-11pm in the Boardroom at Cherry Hill. Cost is $50.00 (book needed xtra 15.00)

HEALTHCARE PROVIDER $65.00

1st Saturday of every month	9A	Cherry Hill 5th Floor Auditorium
Last Saturday	9A	Washington Township ED Conference Room 1st floor

PEARS Pediatric Emergency Assessment Recognition and Stabilization **(65.00)**

August 4th	August 12th	6pm til 10pm	Stratford 3rd floor M classroom	8 (eight) ceu's
August 5th	August 11th	6pm til 10pm	Stratford 3rd floor M classroom	8 (eight) ceu's

CALL OUR LIFE SUPPORT EDUCATION OFFICE AT (856)488-6889

Class cancellations due to ice/snow, please call 856-488-6889.

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ACLS (Advanced Cardiac Life Support)

ACLS Education Dates

Full Class **2 Days** **8a-4p**	**15th & 16th Every Month**	**UMDNJ Academic Center**	**Multipurpose room or Room 284**	**$250.00**
Recert **8a – 2p**	**Last Friday of the month**	**Kennedy Stratford**	**3rd Floor M conf. Room**	**$150.00** **(Book 40.00)**

PALS (Pediatric Advanced Life Support)

PALS Education Dates

Full Class **2 Days** **8a -4p**	**6th & 7th Every Month**	**UMDNJ Academic Center**	**Multipurpose room or Room 284**	**$250.00**
Recert **8a – 2p**	**1st Friday of Every Month**	**Kennedy Stratford**	**3rd Floor M conf. Room**	**$150.00** **(Book 40.00)**

TNCC //ENPC

TNCC **Full Class** **2 Days** **8a -5p**	**26th & 27th Every Month**	**Kennedy Stratford**	**Sim Man Lab**	**$350.00** **Non-Member** **$300.00** **Member**
ENPC **Full Class** **2 Days** **8a – 4p**	**9th & 10th of Every Month**	**Kennedy Stratford**	**3rd Floor M conf. Room**	**$350.00** **Non-Member** **$300.00** **Member**
Call 488-6585	**For Copy of ENA**	**Additional Needed for**	**Date & Discount**	**Times**

REGISTRATION FORM

(One person per form please. Copy form for additional registrants.)

NAME: _____**Status**_____

ADDRESS: _____

_____

PHONE: (___) _____Fax ( )_____

EMAIL ADDRESS: _____@_____

Are you a Kennedy employee?
Yes_____ No_____
Unit_____
campus_____
Nurse Manager
_____

KHS associates are free!

Student at UMDNJ Discount Apply?

CIRCLE ONE: CPR___ACLS___PALS ___ TNCC____ ENPC ____PEARS_____

ACLS/ PALS If recert need a copy of current card must be fax or sent with registration.

COURSE DATE:_____ **class full** 2nd date choice?_____

You will receive a confirmation letter for the class, along with your study materials.

"The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS, and has developed materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees, charged for such a course, except for a portion of fees needed for AHA course material, does not represent income to the American Association."

For payment by credit card (VISA or Master Card, Discover): Money Order

Name of cardholder: _____

Card #:_____

- 3 digit security code_____(back of card)
- Number address of card holder: _____
- Address & Zip Code of card holder_____

Expiration date:_____

Authorization Signature: _____

Total Amount Enclosed or Charged $_____

Registration is not complete until payment is received. Payment will not be accepted at the course. Must be received 7 days prior to class date.

Cancellation: Course fees are refundable less a Basic fee of $ 25.00 advance fee $50.00 administrative fee. **NO Show = NO Refund**

Face Mask/ key chain available at $7.00 each **Do you need directions?** _____

Please send registration with payment to:

Life Support Education
Kennedy Health System
2201 Chapel Ave. W.
Cherry Hill, NJ 08002

For additional information:
Call: (856) 488-6889 (CPR) Melina
(856) 488-6585 (ACLS/PALS/TNCC/ENPC,PEARS) Pat
Fax: (856) 532-6980 or (856)488-6436
Please pay with check, credit card or money order, no cash please

Payment Rec'd	Book sent(type)	Access	No Show?	Confirmation sent w/location

Call the training center to see if classes have been added. **CALL (856)488-6889 OR EMAIL**

CPR m.marquez@kennedyhealth.org

ACLS/PALS/TNCC/ENPC/PEARS p.searles@kennedyhealth.org

r.myers@kennedyhealth.org questions/concerns **cell phone 609-820-3165**

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