



Dartmouth-Hitchcock Medical Center

Mary Hitchcock Memorial Hospital
Life Support Programs

One Medical Center Drive
Lebanon, New Hampshire 03756-0001
603-650-7089

ACLS PROVIDER COURSE PRE-REGISTRATION FORM

PLEASE PRINT

Date: _____

Last Name: _____ First Name: _____

Social Security #: _____ (circle one) EMT-P LPN MD RN RCP
Other _____

Your Job Title: _____ Department: _____

Work mailing address: _____
(Please include Box # or Street, City, State, & Zip Code)

Work phone #: _____ Work FAX #: _____
(Please include Area Code) (Please include Area Code)

Home mailing address: _____
(Please include Box # or Street, City, State, & Zip Code)

Home phone #: _____
(Please include Area Code)

IF A DHMC EMPLOYEE: (circle one) MHMH LHC-Lebanon DMS VAMC
S.S. #: _____

Course cost: DHMC Employees - \$150.00/ (DHMC Code Blue Team Members only - N.C.)
Non-DHMC Employees - \$200.00

Book cost: Included in Course Cost - Textbook. (ECC Handbook – optional - \$15.00 extra)

**Please make your check payable to "DHMC Life Support Programs."
Please enclose "REGISTRATION FORM".**

Forward Pre-Registration Form and payment to: Dartmouth-Hitchcock Medical Center,
ATTN: Stanley Liang, One Medical Center Drive, Lebanon, NH 03756-0001.

I would like to attend the Course scheduled for: _____

All questions and/or concerns can be directed to Stanley Liang at 603-650-7989, from 8:30 AM to 3:30 PM, Monday thru Friday.

REFUND POLICY: Full refunds for cancellations received 2 weeks prior to program; 50% refund for cancellations received 1 to 2 weeks prior to program; NO REFUND for cancellations received less than 1 week prior to program. If a course is cancelled, full refunds will be made.