

**Maine-New Hampshire-Vermont Region
American Heart Association**

HEARTSAVER COURSES APPLICATION FORM

(PLEASE PRINT)

Date: _____

Indicate the course you are registering for by checking the appropriate box:

Heartsaver Adult CPR Heartsaver First Aid & CPR Healthcare Provider

I would like to attend the Course scheduled for: _____

Last Name: _____ First Name: _____

Social Security Number: _____ (circle one) EMT-P, LPN, MD, RRT, RN
Other: _____

(if an employee of DHMC) Employee Number: _____
Component: (circle one) MHMH HC DMS VAMC

Work Company Name: _____

Department: _____

Work Mailing Address: _____
(Please include street, city, state, and zip)

Home Mailing Address: _____
(Please include street, city, state, and zip)

Work Phone Number: () _____ Home Phone Number: () _____
Area Code Area Code

Cost: Heartsaver Adult CPR is \$20.00. Heartsaver First Aid & CPR is \$25.00. Healthcare Provider is \$30.00. (Make any check payable to: DHMC-Lifesupport Program)

(If you are not approved for registration, your payment will be sent back to you.)

**Forward Pre-Registration Form and payment to: Dartmouth-Hitchcock Medical Center,
ATTN: Stan Liang/Life Support Program., One Medical Center Drive, Lebanon, NH 03756-0001**

Any questions and/or concerns can be directed to Stanley Liang by e-mail, at "Stanley.Liang@hitchcock.org", or by phone at 603-650-7989, Monday - Friday, from 8:30 AM to 3:30 PM (except for holidays).

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 course is cancelled, full refunds will be made promptly.