

**PATIENT & LIFE SUPPORT EDUCATION
BASIC LIFE SUPPORT**

Loyola University Medical Center
Maguire Center
2019 Course Dates

| | |
|-------------------------------|-------------------------------|
| Course Date | Deadline Date |
| Monday, June 17 TH | Monday, June 3 RD |
| Monday, June 24 TH | Monday, June 10 TH |

SSOM – Incoming Students ONLY

DEADLINE: Classes are a first-come, first-serve basis. Registration is recommended two weeks prior to the date of the course.

TO REGISTER:

1. Registration Form **MUST BE COMPLETED**. Registration **Will Not** be accepted with missing information.
2. **Provide Payment/Deposit Information** (For LUHS staff, upon completion of the course, and return of your student manual, your deposit will be voided or returned.)
3. **Payment options:** Cash, Personal check or money order payable to Loyola University Medical Center, *DISCOVER, VISA, MASTERCARD, or AMERICAN EXPRESS.*

SUBMIT REGISTRATION TO:

- **Fax:** 708-216-3127 (Fax number is a secure line)
- **Email:** Teresa.Cousin@luhs.org
- **In Person:** Office Hours:
– Mon. – Fri. 8:00 a.m. – 4:30 p.m.
- **Mail:** Loyola University Medical Center
Patient & Life Support Education
2160 South First Avenue
Maguire Center, Bldg. 105 RM 2811
Maywood, IL 60153

Registrations WILL NOT be taken over the Phone



American Heart Association

AUTHORIZED TRAINING CENTER

LUHS – Patient & Life Support Education
Phone: 708-216-3412

Linda Nicol, RN, BSN, MBA
Patient and Life Support Education Manager
LUHS AHA Training Center Coordinator
708-216-4555

Teresa M. Cousin
Administrative Secretary
708-216-6272

**American Heart Association
Basic Life Support
2019 Registration Form**

Please print clearly

Legal Name _____ Department Coordinator _____

Home Address _____ Department _____
Incoming Housestaff _____

City/St/Zip _____ Title _____

Contact Number _____ E-mail _____

Enter date of course requested : _____

BLS Provider Session Times:

7 a.m. – 11 a.m. 12 p.m. – 4 p.m.

Please select which time you would like to attend.

| | | | |
|--------------------------|------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | LUHS Employee Rate - \$40.00 | <input type="checkbox"/> | Non- Employee Rate - \$55.00 |
|--------------------------|------------------------------|--------------------------|------------------------------|

Payment/Deposit Information

Credit Card #: _____

Exp. Date : _____ V/Code: _____

Name of Card Holder _____

Zip Code: _____

IMPORTANT REMINDER: It is required that the BLS course manual is reviewed prior to class.

Confirmation:

An email will be sent your LUHS email (if you are an employee) confirming registration. All **registrants** will receive information regarding when the course material will be available prior to class. **If you have not received the material at least one week prior to class, please contact Teresa Cousin.**

Cancellations: All cancellations must be received **no later than FIVE business days** before the course date. Cancellations received less than **FIVE** business days before the class and **no shows** will **forfeit course fee.**



LOYOLA UNIVERSITY HEALTH SYSTEM

*We also treat the human spirit.**