

Registration Form

Use our new Registration Form to register associates for classes.
Forms can be obtained from your manager or the Continuing Education Station.

Educational Resources and Development

Send completed Registration Form to Lutheran Hospital.

Today's Date:		Certification (ACLS - CPR)
Registrant's Name:		CPR certification _____
Job Title:		CPR recertification _____
Hospital / Department:		ACLS certification _____
Home Address:		ACLS recertification _____
		Other Program _____
Work Phone #:		
Home Phone #: If a class gets canceled or moved, we have a better chance of getting you at this number.		
Director's/Supervisor's Signature		Supervisor to Initial (Approved Cert) _____

1	Which class:	
	Dates of Class:	
	Where:	
	Time:	

2	Which class:	
	Dates of Class:	
	Where:	
	Time:	

3	Which class:	
	Dates of Class:	
	Where:	
	Time:	

Accountability Statement:

The registration fee for LHN Associates has been waived. It is my responsibility to attend this program as registered. I understand if I am unable to attend I will do one of the following:

Contact the Educational Resources & Development department within 48 hours prior to a class or provide a substitute. If a last minute need, i.e. illness etc. should occur the associate should notify the Education Resources Secretary at 435-7453. Your manager should also be notified to verify the excused absence. If I fail to do so, my absence will be considered a "no show" and the Attendance Policy may be implemented.

Associate. _____ Date _____

***Complete entire form to insure successful Registration.
Consider completion of Form as your confirmation.***

* Send completed form to Educational Resources and Development at Lutheran Hospital. *