



EMS OFFICE USE ONLY:

CID:	
Request Received By:	Date Received:

2019-CoursePreReg

EMS and Trauma Programs/AHA Training Center
COURSE PRE-REGISTRATION

REGISTRATION POLICY:

- UNMC CCE AHA Training Center must be notified **AT LEAST ONE WEEK before** a course is offered.
- Course roster (**including participant list**) must be completed and submitted to the UNMC CCE AHA Training Center **within 10 days** of the course completion date.

COURSE INFORMATION (A separate form must be completed for each course)

Type of Course: (Check ONE)

<input type="checkbox"/> ACLS	<input type="checkbox"/> Heartsaver First Aid
<input type="checkbox"/> BLS	<input type="checkbox"/> Heartsaver First Aid/CPR/AED
<input type="checkbox"/> Friends and Family CPR	<input type="checkbox"/> Heartsaver Pediatric First Aid/CPR/AED
<input type="checkbox"/> Heartsaver Bloodborne Pathogens	<input type="checkbox"/> PALS
<input type="checkbox"/> Heartsaver CPR/AED	<input type="checkbox"/> PEARS
<input type="checkbox"/> Heartsaver for K-12 Schools	<input type="checkbox"/> Skills Test Only

Training Site:			Course Start Date:		Starting Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM
Address:			Course End Date:		Number of Students:		
City:	State:	ZIP:	Number of Manikins:	Adult:	Child:	Infant:	

INSTRUCTOR(S) INFORMATION

	Complete Name	AHA ID #	Card Exp.	Module/Station
Lead Instructor				
Assistant Instructor				
Assistant Instructor				
Assistant Instructor				

SUBMITTED BY:

Name:	Phone Number:
Email Address:	Date Submitted: