

WEST PENN ALLEGHENY HEALTH SYSTEM

BEFORE MAILING OR FAXING THIS FORM, CALL 412-359-6767 OPTION 1 OR GO TO <http://www.wpahs.org/phs/education/abc.htm> FOR A LIST OF COURSES WHICH HAVE ALREADY BEEN FILLED AND ARE CLOSED TO NEW REGISTRATIONS, OR CANCELED , OR ARE NEWLY ADDED PROGRAMS.

To register for a class, please complete the entire registration form and return it to:

**Allegheny General Hospital
Department of Emergency Medicine
EMS and Training Coordination
320 East North Avenue
Pittsburgh, PA. 15212
or Fax to: (412) 359-6914**

For more information, contact us at (412) 359-6767

WE RESERVE THE RIGHT TO CANCEL CLASSES DUE TO A LACK OF ENROLLMENT

**THIS DOCUMENT EFFECTIVE 1/15/2007 AND REPLACES ALL PREVIOUS FORMS
PRINT CLEARLY - ALL FIELDS SHOULD BE COMPLETED. INCOMPLETE
REGISTRATIONS WILL NOT BE ACCEPTED.**

Course Name: _____ Course Date: _____

For Renewal Course Programs - Current Provider Card Expiration Date: _____

Participant Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone:() _____ Work Phone: () _____

Employer: _____ Training Level: (M.D., DO, R.N., EMT-P, etc.) _____

Department: _____ EMS Service Affiliation: _____

Is this training **required** for your position/job? NO YES

Are you an employee/affiliate of a WPAHS hospital? NO YES **employee #:** _____

Please Indicate Hospital Affiliation: AGH AVH CGH FRH SGH WPH

SIGNATURE: _____

CANCELLATION POLICY: Written notification MUST be received in our office during regular business hours at least 2 business days prior to the start of a course. Our office hours are 8AM to 4PM. Failure to notify our office in advance will result in forfeiture of tuition fees. Tuition fees are non-refundable and non-transferable without prior written notification.

Please Make Check Payable To: ALLEGHENY GENERAL HOSPITAL

PLEASE NOTE: (1) TEXTBOOKS ARE REQUIRED FOR ALL STUDENTS. (2) TUITION COST DOES NOT INCLUDE TEXTBOOK. (3) TEXTBOOKS MAY BE PURCHASED THROUGH THE EDUCATION OFFICE, BORROWED FROM A LENDING LIBRARY POSSIBLY IN PLACE AT YOUR HOSPITAL FACILITY, OR PURCHASED FROM OTHER SOURCES.

Textbook Payment Enclosed: NO YES \$ _____