

Johns Hopkins Hospital
PALS (Pediatric Advanced Life Support)
HEARTCODE
Registration Form for Skills Practice and Testing Session

Class Date: _____ **Session:** _____

First Name M.I. Last Name

Address

City State Zip Code

Work Telephone Home Telephone Other (Cell/Pager)

JHH Departmental Affiliation (Radiology, Anesthesiology, Residency, etc.)

E-mail Address

What is your specialty?

___ MD ___ DO ___ PA ___ NP ___ CRNA ___ CRNP ___ RN
___ CRT-I ___ NREMT-P ___ EMT-I ___ RRT ___ CRTT

Course Fees/Materials:

___ ** Skills Practice & Testing Session at JHH Simulation Center (required)	\$140.00
___ PALS Provider Textbook - Copyright 2020 (optional)	\$ 60.00
___ ** PALS HeartCode Key (required, will be issued by the HOPE Office)	\$168.00

Method of Payment:

___ Check
(Please make checks payable to HOPE c/o The Johns Hopkins Medicine Simulation Center)

___ Credit Card

___ VISA ___ MASTERCARD ___ DISCOVER ___ AMERICAN EXPRESS

Credit Card # _____ Exp. _____

Name as it appears on credit card _____

For Office Use Only:

Paid (Date): _____ **Materials Sent (Date):** _____

For additional information, please email your requests to HOPE Office hopeoffice@jhmi.edu

Hopkins Outreach for Pediatric Education
600 N. Wolfe Street, Blalock 701
Baltimore, MD 21287-3716

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