



Truckee Meadows Community College

Emergency Medical Services Department

CPR INSTRUCTOR REGISTRATION FORM 2012

The CPR Instructor courses will be held at TMCC Main Campus in Red Mountain Building Room 404 on the following dates, from 8:30 a.m. to 3:30 p.m.

Saturday 01/28/2012

Saturday 06/23/2012

Saturday 10/20/2012

A registration fee of \$130.00 and a CORE Instructor Course Book from the BLS Office are required. All modules and tests on the course DVD must be completed before class begins, and the completion certificate handed in at that time (this will be printed when you complete the CORE course).



To be eligible for this course, you must have the following:

1. Completed Registration Form.
2. Check/Money order for \$130.00, made payable to: the Board of Regents.
3. Copy of the front and back of your current CPR-Healthcare Provider, or equivalent American Red Cross "Rescuers Professional CPR" Card.
4. A mandatory CORE instructor book from BLS Office.

Class is limited to 15 students. NO REFUNDS are made unless class has been cancelled by TMCC due to low registration rate, or campus closures due to weather. If you have to cancel the class, you may reschedule ONE TIME ONLY. If you are unable to attend, please contact the department at the following phone number so your space may be filled by another student.

For further information please contact [Kerry Swinney](#) at 775-789-5432

Americans With Disabilities Act (ADA) - Qualified students with physical or documented learning disabilities have the right to free accommodations to ensure equal access to educational opportunities at Truckee Meadows Community College. This service is free of charge to the student. Contact the Disability Resource Center (DRC) offices at 775-673-7277 or TTY: 775-673-7888. Requests for assistance must be made at least seven working days in advance of workshop.

"The American Heart Association strongly promotes knowledge and proficiency in CPR and has developed instructional materials for this purpose. Its use in an instructional course does not represent sponsorship by the American Heart Association. Any fees charged for such a course do not represent income to the Association."

Clip and return this portion of the form with your registration fee and copy of your CPR "Health Care Provider" card.

Name _____ Telephone: _____
Last First Home Cell

Address _____ Email: _____
Street City State Zip

Reason for taking the class: _____

Please check the name of the training center with which you will be affiliated:

- St. Mary's Regional Medical Center Employees
- Renown Hospital Employees
- Fire Protection District Employees
- Truckee Meadows Community College
- Other--please specify: _____

TMCC Staff- Please initial and date the following:

PAID/CHECK #/DATE _____

PACKET RCVD DATE: ____/____/____