

CPR BLS COURSE FOR THE HEALTHCARE PROVIDER

SDDS Classroom: 2035 Hurley Way, Ste 200, Sacramento

Friday, August 9, 2019
 7:30am • Registration
 8:00am – 11:30am • Class

Friday, November 15, 2019
 7:30am • Registration
 8:00am – 11:30am • Class

Wednesday, January 22, 2020
 5:30pm • Registration
 6:00pm – 9:30pm • Class

Saturday, April 25, 2020
 7:30am • Registration
 8:00am – 11:30am • Class

Class Information:

Please attach a copy of your current CPR card with registration. In addition to receiving certification, you will receive 4 CE units upon course completion.

Food/snacks will be provided at this course.

\$75
4 CEU, CORE

AMERICAN HEART ASSOCIATION (AHA) REQUIREMENTS FOR CPR The BLS Healthcare Provider Course includes mandatory practice and testing with a one-way valve mask. All participants must have a mask, as required by the AHA. If you wish to obtain a regular mask or mask with an oxygen inlet for office use, they can be ordered through SDDS. The AHA strongly promotes knowledge and proficiency in BLS, ACLS and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA, and any fees charged for such a course do not represent income to the AHA.

CPR BLS Course Registration

Who's coming? _____
 (include designation)

Telephone: _____ Email: _____

SDDS Member's Name: _____ Designation: _____ Date of Course: _____
 (including member dentist if attending)

REGISTRATION FEE:		LATE REGISTRATION FEE (begins 9 days before class):		MASKS (MASK IS MANDATORY):	
\$75 (mask not included)	\$	\$90 (mask not included)	\$	\$20 (w/ oxygen inlet)	\$
\$55 (staff of CPR instructor)	\$	\$70 (staff of CPR instructor)	\$	\$40 (adult ambu-bag—optional)	\$
\$150 (non-member fee)	\$	\$165 (non-member fee)	\$	\$35 (child ambu-bag—optional)	\$
				TOTAL:	\$

Payment Method: Check Credit Card Bill Me Total Amount: \$ _____

Cardholder Name: _____ Card #: _____ Exp. Date: _____

Security Code (3-digit number on back of card): _____ Billing Address: _____

Please fax, scan, or mail form to: SACRAMENTO DISTRICT DENTAL SOCIETY: 2035 Hurley Wy, Ste 200 • Sacramento, CA 95825 • Phone: 916.446.1227 • Fax: 916.447.3818 • www.sdds.org
 The Sacramento District Dental Society is an approved CE provider through the Dental Board of California (RP2168) • This course meets the Dental Board of California's requirements for units of CE listed.

Registration deadline is 10 days before the class. Registration received after this date is subject to a \$15 late fee. **Cancellation Policy:** Full refund granted less \$25 administration fee, if received in writing 14 days before the class. NO REFUNDS if cancelled within 13 days of the class or for NO SHOWS. Attendee substitutions OK. PLEASE CALL SDDS WITH ANY SPECIAL DIETARY NEEDS. (SDDS WILL ALLOW ONE COURTESY DATE CHANGE ONLY.) **ADVANCED REGISTRATION IS REQUIRED.**



Academy of General Dentistry
 Approved PACE Program Provider
 FAGD / MAGD Credit
 04-01-16 to 03-31-20