

Registration Form - ACLS (Advanced Cardiac Life Support) Simulation Program, Unity Health Toronto

REGISTRATION FORM				
First Name:	Last Name:			
Professional Designation: Actively Practicing Clinically: Yes			No O	
Department/Institution:				
Email Linked to Heart and Stroke Account:		Telephone:		
Heart and Stroke ID # (if known):		Previous Certification Expiry Date:		
REGISTRATION FEES				
(Online BLS & ACLS		nsive Course LS + 1-day in-person) 0800-1500	Accelerated Course (Online BLS + 1-day in-person) Time: 0800-1500	
Fellow, Staff MD)	\$495.00		\$440.00	
Non-MD (RN, Health Disciplines etc.)	on-MD (RN, Health Disciplines etc.) \$395.00		\$320.00	
I am registering for the <u>Comprehensive</u> course on: I am registering for the <u>Accelerated</u> course on:				
Method of Payment: Cheque** Cash Departmental Internal Transfer (Manager Approved)***				
Payments can be made in person or forwarded to:				
Allan Waters Family Simulation Centre (Mon-Thurs, 8 am – 4 pm, Fri 8 am – 3:30 pm) Suite 575 Li Ka Shing Building 209 Victoria Street Toronto, ON M5B 1T8 Student Centre, St Joseph's Health Centre (Mon- Fri, 8 am- 4 pm) Suite 111- 1 Sunnyside 30 The Queensway Toronto, ON M6R 1B5				s Health Centre
Spaces are limited and registration is confirmed once payment has been received.				
Payable to the Allan Waters Family Simulation Centre *Cost Centre transfers must be communicated to the Allan Waters Family Simulation Centre and a completed registration form provided				
 Cancellations received: More than 14 days prior to the program will be fully refunded Less than 14 days prior to the program will be refunded 50% Less than 7 days prior to program will not be refunded 				
Course dates and times are subject to change or cancellation				