



ADVANCED CARDIAC LIFE SUPPORT COURSE

APPLICATION FORM

Please complete and return this form to Regional Paramedic Program for Eastern Ontario Attention: Cindy Pollock

Name: _____

Mailing address: _____

City: _____ Prov: _____ Postal Code: _____

Email address: _____ Telephone: _____

Employer: _____ Type of work: _____

Qualifications: _____ Date of course: _____
(R.N., M.D, R.T)

Fee:	<u>Physicians</u>		<u>Allied Health Professionals</u>	
	Full Course (Weekday) \$575.00	<input type="checkbox"/>	Full Course(Weekday) \$475.00	<input type="checkbox"/>
	Full Course (Weekend) \$725.00	<input type="checkbox"/>	Full Course (Weekend) \$600.00	<input type="checkbox"/>
	Refresher (Weekday) \$525.00	<input type="checkbox"/>	Refresher (Weekday) \$425.00	<input type="checkbox"/>
	Refresher (Weekend) \$650.00	<input type="checkbox"/>	Refresher (Weekend) \$525.00	<input type="checkbox"/>

Please note cost includes materials and meals.
Please send a cheque or money order, payable to The Ottawa Hospital to the following address:

Attn: Cindy Pollock
Regional Paramedic Program for Eastern Ontario
2475 Don Reid Drive
Ottawa, Ontario
K1H 1E2

Cancellation Policy:

- In the event of cancellation the follow schedule of fees applies:
- Up to 3 weeks prior to course: 25% of the cost
 - Up to 2 weeks prior to course: 50% of the cost
 - Up to 1 week prior to course: 100% of the cost

If you have any questions or concerns, please contact Continuing Education and Certification Manager, Ivanette Hargreaves at 613-737-7228 or education@rppeo.ca