

MERCY HEALTH CLERMONT HOSPITAL
International Trauma Life Support (ITLS) New Provider Class 2017
Registration Form

PRINT LEGIBLY

Name _____ Contact # () _____ Department _____

Home Address _____ City _____ State _____ Zip _____

Email Address _____

Certification / License No. _____ State _____ Exp. Date _____

*Please circle one: MD RN Paramedic AEMT EMT EMR Other _____

Class Size is Limited – Deadline to Register is April 7th

May 4 (Thursday) 0800 – 1700

May 5 (Friday) 0800 – 1600

**Cost of course is \$150.00 per participant. (Fee includes *loaner* manual and materials and ITLS State fee)
Course text may be purchased for an additional cost of \$60.00**

Please complete this form and return with fee to : Kathe Smith, RN, NR-P, EMSI
Clinical Educator 2

Make checks payable to:
Mercy Health Mercy Health Clermont Hospital
3000 Hospital Drive
Batavia, OH 45103

Contact Number 513-732-8374

NO REGISTRATIONS WILL BE ACCEPTED WITHOUT COMPLETED FORM AND FEE

(Contact Kathe with any questions regarding fees, invoices needed, etc.)

NO REFUNDS FOR CANCELLATIONS AFTER APRIL 7TH