



Southern Union

State Community College

Health Sciences Division

1701 LaFayette Parkway
Opelika, AL 36801
Phone: (334)745-6437
Fax: (334) 745-6342

Basic Life Support (CPR) – Health Care Provider Non-Collegiate Credit Registration Form

Date: _____

Name: _____ SS#: _____
(Last) (First) (Middle)

Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Birthdate: _____ Race: _____ Sex: _____

Employment: _____ Phone #: _____

Are you applying now? _____

Please check appropriate program:

- | | | |
|--|--|--|
| <input type="checkbox"/> ADN– Registered Nursing | <input type="checkbox"/> FTO – EMP → RN | <input type="checkbox"/> LPN Practical Nursing |
| <input type="checkbox"/> EMP – Paramedic | <input type="checkbox"/> MOB – LPN → RN | <input type="checkbox"/> RAD Radiography |
| <input type="checkbox"/> EMS – Basic | <input type="checkbox"/> NAS Nursing Assistant | <input type="checkbox"/> SUR Surgical Technology |

What program are you currently in?

Please check appropriate program:

- | | | |
|--|--|--|
| <input type="checkbox"/> ADN– Registered Nursing | <input type="checkbox"/> FTO – EMP → RN | <input type="checkbox"/> LPN Practical Nursing |
| <input type="checkbox"/> EMP – Paramedic | <input type="checkbox"/> MOB – LPN → RN | <input type="checkbox"/> RAD Radiography |
| <input type="checkbox"/> EMS – Basic | <input type="checkbox"/> NAS Nursing Assistant | <input type="checkbox"/> SUR Surgical Technology |

What course are you currently in? _____

Course Date:

- | | |
|---------------------------|---------------------|
| Friday, November 30, 2007 | 8 am -- 1 pm c.s.t. |
| Friday, December 14, 2007 | 8 am -- 1 pm c.s.t. |
| Friday, January 25, 2008 | 8 am -- 1 pm c.s.t. |
| Friday, February 29, 2008 | 8 am – 1 pm c.s.t. |
| Friday, March 28, 2008 | 8 am – 1 pm c.s.t. |
| Friday, April 25, 2008 | 8 am – 1 pm c.s.t. |

Opelika Campus – Room 201

Please complete form, pay \$25.00 fee in the Business Office, and return a copy of the registration form stamped “paid” 7 days prior to course start date by the Business Office to the Health Sciences Division on the Opelika Campus. No refunds or rescheduling will be allowed within seven days of the course. **You are not officially registered for the course until this form is returned to the Health Sciences Division.**