

SOUTHERN UNION

STATE COMMUNITY COLLEGE

Basic Life Support (CPR) – Health Care Provider

Non-Collegiate Credit
Registration Form

Date: _____

Name: _____ Student I.D. _____
(Last) (First) (Middle) (Do not use SS #)

Mailing Address: _____

City/State/Zip: _____

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

Employment: _____ Phone #: _____

Are you about to apply for admission to a Health Sciences program? _____

If yes, 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

Are you currently in a Health Sciences program? _____

If yes, 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

Available CPR Course Dates: (Check date you plan to take course)

<input type="checkbox"/> Monday, June 18, 2012	8:00 a.m. – 1:00 p.m.
<input type="checkbox"/> Monday, July 16, 2012	8:00 a.m. – 1:00 p.m.

Please complete the form, pay \$30.00 fee in the Business Office, and return a copy of the registration form stamped “paid” by the Business Office 7 days prior to course start date to the Health Sciences Division on the Opelika Campus. **Classes are held on the Opelika Campus.** No refunds or rescheduling will be allowed within 7 days of the course. **You are not officially registered for the course until this form is returned to the Health Sciences Division stamped paid.**