

AHA BLS Update Recertification

Saturday, October 6, 2018 • 9:30am-12:00pm

Member Fee - \$80.00 | Non-Member Fee - \$120.00

Target Audience:

For Healthcare providers - EMS personnel, PA's, Physicians, Dentists, Nurses, RT's, and others who must have a credential (card) documenting successful completion of a CPR course.

AHA ACLS Update Recertification

Saturday, October 6, 2018 • 1:30pm-5:30pm

Member Fee - \$185.00 | Non-Member Fee - \$225.00

Target Audience:

For emergency, intensive care, or critical care healthcare providers such as – Physicians, PA's, Nurses, EMT's, Paramedics, RT's, Dentists, and other healthcare professionals who require an ACLS recertification.

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of Albany Medical College and The New York State Society of Physician Assistants. Albany Medical College is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Albany Medical College designates this Enduring Material activity for a maximum of 29.5 AMA PRA Category 1 Credits $^{\text{TM}}$. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For additional information or assistance with this form, telephone: 917-679-4005.

Online registration is available at www.nysspa.org

Or you may mail the completed form to NYSSPA Registration, 174 S. New York Rd., POB 606, Oceanville, NJ 08231 or Fax:609-573-5064 or email: meetings@nysspa.org

CONTACT INFO: (please print or type)	☐ Please check if assistan	nce is needed 🖒		
Dr./Prof./Mr./Ms. Last Name	First Name	٨	۸.I.	Degree
Preferred First Name	Affiliation			
Position/Title	Department _			
Address				
City	State/Province	_Postal Code	Country	
Telephone	Email			
BLS Update Workshop Saturday, October 6, 2018 9:30 – 12:00pm	ACLS Update Saturday, Octob 1:30 – 5:00pm	•		
☐ Member — \$80.00☐ Non-Member — \$120.00	- : : : : : : : : : : : : : : : : : : :	– \$185.00 ber – \$225.00		
METHOD OF PAYMENT If you require special payment arrangements please co □ Enclosed is a check payable to NYSSPA. Check any and all bank charges. A \$50.00 processing feet □ I wish to pay my fees by credit card. Please note: □ Amex (15 digits) □ Master Card (16 digits)	cs must be payable in U.S. Dollars a e will be charged for checks returned this charge will appear on your stat	d unpaid.	oondent Bank. I	Each registrant is responsible fo
Expiration Date:/ Validation Code	(3 digit code on the back o	f V/MC and 4 digit on fron	t of AMEX)	
Address associated with the Card if different from address	ss listed above:			
Name on Card (please print):				
Authorizing Signature:				

Note: Registrations paid by credit card may be faxed to 609-573-5064. Keep acopy of your fax transmittal confirmation for your record. If faxing, do not mail the original form. Doing so may result in duplicate charges to your credit card. Please do not email your credit card information.

CANCELLATION POLICY

If you must cancely our registration, all requests must be received in writing by NYYPA Registration or via email to meetings@nysspa.org or faxed to the number above and postmarked or transmitted electronically **no later than September 20, 2018**. All fees paid will be refunded minus a \$50.00 processing fee. **There will be no refunds after September 20, 2018**.