

Neonatal Resuscitation Program: January - December 2021

Name _____ Position _____

Mailing Address (for confirmation/class materials) _____

City _____ State _____ Zip _____

Contact Phone _____ E-Mail _____

****NRP Expiration Date:** _____ (Include photocopy of card if not completed at SHH.)

Course Registration: (Indicate class you will attend)

4-HOUR HANDS ON SKILLS CLASS

| | | | | |
|--------------------------|--------------------------|--------------------|-----------------------|-----------|
| <input type="checkbox"/> | Tuesday- HANDS ON SKILLS | January 19, 2021 | 8:00 AM to 11:00 AM | Maternity |
| <input type="checkbox"/> | Tuesday- HANDS ON SKILLS | January 19, 2021 | 12:00 Noon to 3:00 PM | Maternity |
| <input type="checkbox"/> | Tuesday- Hands on skills | February 16, 2021 | 8:00 AM to 11:00 AM | Maternity |
| <input type="checkbox"/> | Tuesday- HANDS ON SKILLS | February 16, 2021 | 12:00 Noon to 3:00 PM | Maternity |
| <input type="checkbox"/> | Tuesday- HANDS ON SKILLS | March 16, 2021 | 8:00 AM to 11:00 AM | Maternity |
| <input type="checkbox"/> | Tuesday- HANDS ON SKILLS | March 16, 2021 | 12:00 Noon to 3:00 PM | Maternity |
| <input type="checkbox"/> | Tuesday- Hands on Skills | May 18, 2021 | 8:00 AM to 11:00 AM | Maternity |
| <input type="checkbox"/> | Tuesday- Hands on Skills | May 18, 2021 | 12:00 Noon to 3:00 PM | Maternity |
| <input type="checkbox"/> | Tuesday- Hands on Skills | July 20, 2021 | 8:00 AM to 11:00 AM | Maternity |
| <input type="checkbox"/> | Tuesday- Hands on Skills | July 20, 2021 | 12:00 Noon to 3:00 PM | Maternity |
| <input type="checkbox"/> | Tuesday- Hands on Skills | September 21, 2021 | 8:00 AM to 11:00 AM | Maternity |
| <input type="checkbox"/> | Tuesday- Hands on Skills | September 21, 2021 | 12:00 Noon to 3:00 PM | Maternity |
| <input type="checkbox"/> | Tuesday- Hands on Skills | November 16, 2021 | 8:00 AM to 11:00 AM | Maternity |
| <input type="checkbox"/> | Tuesday- Hands on Skills | November 16, 2021 | 12:00 Noon to 3:00 PM | Maternity |

*7th Edition book (new for 2017) is available for check out in the Clinical Education Dept.

INFORMATION ON HOW TO COMPLETE THE ON-LINE TEST PORTION OF THIS COURSE
WILL BE SENT TO YOU UPON RECEIPT OF THIS REGISTRATION FORM.

*****NEW PROCESS: *****

You must complete the study and test on-line no more than 30 days prior to attending the live class. If more than 30 days, you will not be permitted to attend. Your Completion certificate must be turned in at the beginning of class to participate.

Course Fee - Hands On Skills (4 hour) \$50.00

*must have access to the new 7th Edition Textbook

Amount Enclosed \$ _____

Make Check Payable to: Sacred Heart Hospital

Return Registration Clinical Education Department

Form & Check to: Sacred Heart Hospital, 900 W. Clairemont Avenue, Eau Claire, WI 54701

Information: Michelle Willcutt, Clinical Ed Dept. (715) 717-4221; michelle.willcutt@hshs.org