3000 Landerholm Circle SE
Bellevue, WA 98007

Health Care Professional Training/Education

CPR FOR HEALTH CARE PROVIDERS

This four-hour CPR class is recommended for physicians, nurses, respiratory therapists and other healthcare clinicians. Class content includes Adult CPR (1 and 2 person), Child and Infant CPR, relief of Foreign Body Airway Obstruction (choking), barrier devices/BVM, cricoid pressure and AED (Automated External Defibrillator) use. CPR Card for Health Care Providers is valid for 2 years. We have planned these sessions to meet student demand.

Please arrive early/on time to class. **Students more than 10 minutes late may not be admitted to the class**.

To Register

Early registration is recommended to get the session you want. Complete the registration form and mail to: Bellevue College, Continuing Nursing Education – R130, 3000 Landerholm Circle SE, Bellevue, WA 98007-6484, or fax to **(425) 564-6133** or email to melissa.meinhofer@bellevuecollege.edu. These courses are self-support and not eligible for tuition waivers. If paying by check, please make payable to Bellevue College.

Withdrawals and Refunds

You may request a refund by phone or in person. A full refund (minus the processing fee) will be made if you cancel at least three business days prior to the start of the class or event. No refund will be made after that date. There are no partial refunds. A 100% refund will be made if the college cancels the class or event. This class may be rescheduled prior to the class or event but will include a **$15 rescheduling fee**. There will be **no** refunds for missed classes.

SPRING 2014

Item: 7485
Faculty: Prevention MD
Hours: 9:00am to 1:00pm
Date: Saturday, May 3, 2014
Location: BC Main Campus, C167

Item: 7486
Faculty: Prevention MD
Hours: 9:00am to 1:00pm
Date: Saturday, June 7, 2014
Location: BC Main Campus, C167

BELLEVUE COLLEGE

CPR FOR HEALTH CARE PROVIDERS
Registration Information

Last Name:_____ First Name:_____ M.I._____

Street Address:_____

City:_____ State:_____ Zip Code:_____

Home Phone:_____ Cell Phone:_____

Email:_____ BC Student ID#:_____

Social Security #:_____ Date of Birth:_____

Please charge my: ____Visa _____Mastercard Exp. Date:_____

Card Number: _____ Account Name:_____

Billing Address *(if different from mailing address):*

_____

City:_____ State:_____ Zip Code:_____

____	Item #7485	May 3, 2014	$69.00
____	Item #7486	June 7, 2014	$69.00

Important Information:
If you do not have a BC student ID, we will assign one to you. Please keep a record of this number as you will need it for all future class registrations at the college. BC no longer uses your social security number as your student ID.