**VERIFICATION OF CLASS ENROLLMENT/PAYMENT**

***(Deposit from the individual employee is required and will be returned to the employee upon attendance)***

**NAME OF EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYEE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Required for Centura/HealthOne/Kaiser to pay for the class. If not supplied, employee will be charged for class. Can find on check stub or “my virtual workplace - Centura”)**

**DATE(s) OF CLASS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**TYPE OF CLASS**

**ACLS Provider 2 day full course (12 HR)  ACLS Renewal (8 HR)**

**PALS Provider 2 day full course (16 HR) PALS Renewal (8 HR)**

**Heart Code check off (ACLS/PALS) ENPC 2 day full course (16 HR)**

**BLS Provider ½ day full course TNCC 2 day full course (16 HR)**

**BLS Renewal TNCC Re-certification (8 HR)**

**BLS Skills/checkoff Other: **

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**TO BE COMPLETED BY THE EMPLOYEE’S MANAGER PRIOR TO THE COURSE AND SENT TO EdCor via EMAIL (info@edcor.net) or FAX (303-993-4378) PRIOR TO THE CLASS TO COMPLETE YOUR REGISTRATION.**

*Emails can be sent as a scanned copy or a picture of the completed form.*

***\*\*\*\*ALL EXPIRED CARDS AND SITE RESTRICTED CLASSES MUST HAVE APPROVAL FROM THE EDUCATION MANAGER TO GUARANTEE PAYMENT!!!***

**THE EMPLOYEE WILL BE RESPONSIBLE FOR CLASS PAYMENT IF THIS FORM IS NOT RECEIVED AND PAYMENT IS DENIED BY THE FACILITY.**

**PLEASE CHECK ONE:**

* I **AGREE AND APPROVE PAYMENT** to EdCor for the employee and the class marked above. The employee is responsible for the initial deposit which will be returned to them upon their class attendance.
* I **DO NOT APPROVE FOR PAYMENT** of this course for this employee. Employee is approved to attend this course but is aware of our policy that the cost of this class is their responsibility.

**Manager’s Name (Print Please):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**