

A.H.A. BASIC LIFE SUPPORT (CPR CERTIFICATION)

HOSTED BY THE TENNESSEE PHARMACISTS ASSOCIATION
FRIDAY, AUGUST 6, 2010

1:00 P.M. TO 5:00 P.M.

**HOMEWOOD SUITES NASHVILLE DOWNTOWN
706 CHURCH STREET, NASHVILLE, TN 37203**

TO RESERVE THE SPECIAL TPA ROOM RATE OF \$124/NIGHT,
CALL 615-742-5550 BY JULY 31.

REGISTRATION DEADLINE: MONDAY, JULY 26, 2010

Never Been CPR-Certified? Or Does Your CPR Certification Need to Be Renewed?

This four-hour course, which satisfies the prerequisites for Immunization Certification, is designed to teach participants how to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely and effective manner. The instructors are certified through the American Heart Association (AHA) and will utilize a combination of lecture, video, group discussion, and hands-on-training. Participants will receive a certification card and certificate at the end of the program, upon successful completion of the exam. CPR training is important for all health professionals and is required for Immunizers.

Cancellation Policy: To be eligible for a refund, you must notify the Association in writing by July 31, and the book must be returned. No refunds will be given for late cancellations or no-shows. There is a \$50 handling charge for cancellations requiring a refund. TPREF reserves the right to cancel the program if the required number of participants is not met by July 12.

Special Assistance: If you require special assistance to attend and participate in the seminar, please call the TPA office at 615-256-3023.

PLEASE COPY FORM FOR ADDITIONAL REGISTRANTS.

| | | | |
|--|--------------------------------|-------------------------|--------------------|
| FULL NAME _____ | | | |
| PREFERRED/CALL-BY NAME (FOR BADGE) _____ | TENNESSEE LICENSE NUMBER _____ | YEARS IN PRACTICE _____ | |
| PLACE OF EMPLOYMENT _____ | | | STORE NUMBER _____ |
| MAILING ADDRESS (NOT A P.O. BOX) _____ | | | |
| CITY _____ | STATE _____ | ZIP _____ | |
| BUSINESS PHONE _____ | HOME PHONE _____ | CELL PHONE _____ | FAX _____ |
| PRIMARY EMAIL ADDRESS _____ | | | |
| SECONDARY EMAIL ADDRESS _____ | | | |
| CURRENT POSITION: <input type="checkbox"/> STAFF PHARMACIST <input type="checkbox"/> MANAGER <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER | | | |
| TPA OR APHA MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MEMBERSHIP RECEIPT NO. _____ | | | |

This address is my: Work Home
This is also my preferred address for all
TPA correspondence: Yes No

* **Participants must provide proof of current CPR certification** in order for the Immunization Delivery certificate of achievement to be valid in Tennessee. For pharmacists not currently certified, TPREF is offering a CPR Certification program on Friday, August 6, 1:00 to 5:00 p.m., at Homewood Suites in Nashville. For additional details and registration, visit:

<http://tinyurl.com/TPA-meetings>

PLEASE CHECK ONE:

| | | |
|------------------------------|---|---|
| | TPA <u>Member</u> | TPA <u>Nonmember</u> |
| CPR Certification | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$85 |
| Check No.: | _____ payable to Tennessee Research and Education Foundation (TPREF) | |
| Credit Card: | <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa | |
| Credit Card No.: | _____ | |
| Name on Card: | _____ | |
| Security Code: | _____ | Security Code (required): 3 digits after card number on back of Visa and MasterCard; 4 digits above card number on front of AmEx. |
| Expiration Date: | _____ | |
| Credit Card Billing Address: | <input type="checkbox"/> Same as address above | |
| Signature: | _____ | |

Registrations may be MAILED to:
TPREF
500 Church Street
Suite 650
Nashville, TN 37219

Registrations paid by credit card may be
FAXED to: 615-255-3528

ADDITIONAL INFORMATION about the
TPA programs can be found on the TPA
website:

<http://tinyurl.com/TPA-meetings>

QUESTIONS?

Please call 615-256-3023
or email tpa@tnpharm.org.