

Sponsored by:



Administered by:



REGISTRATION FORM

ACLS Recertification Program

NAME: _____ **DMD** **DDS** **other**

Practice Name: _____

Home Address: _____

AGD # _____ **ADA #** _____ **Permit #** _____

PHONE: _____ **CELL:** _____

FAX: _____ **E-MAIL:** _____

COSTS: ACLS Recertification \$650

**Circle Choice: Course Dates - April 25 - 26, 2026
or in fall: October - 24- 25, 2026**

Recertification Program - ACLS

PLEASE INCLUDE A COPY OF YOUR LICENSE WITH YOUR APPLICATION

NEGATIVE PPD (TB) TEST (less than 1 year old)

Course materials, travel directions and lodging information will be sent
upon receipt of registration.

JOSEPH PORTALE, DMD, MAGD

ASAASD, EXECUTIVE SECRETARY

555 BERGEN BLVD.

RIDGEFIELD, NJ 07657

(201) 945-5777 | (201) 945-5667 fax | (201) 723-4679 cell
www.SedationForDentists.com