

Sponsored by:



REGISTRATION FORM

Administered by:



**ACLS Re-Certification
required every two years**

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

Practice Name: _____

Home Address: _____

AGD # _____ **ADA #** _____

PHONE: _____ **CELL:** _____

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

COST: **ACLS Re-Certification - \$500**
Bring to course passing Pre-assesment test
and current BLS Certificate

May 4-5, 2024 **October 26-27, 2024**

AHA Pre-assesment test is available at: <https://elearning.heart.org/course/423>

PLEASE INCLUDE A COPY OF YOUR LICENSE WITH YOUR APPLICATION
PROOF OF COVID VACINATION (or signed hold harmless waiver)
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

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