

Basic Life Support (CPR)



Do you need an initial or renewal healthcare professional CPR course?

At MassBay Community College, we offer:
American Heart Association Basic Life Support certification

Spring 2020 Course Offerings

4-digit class#	Course Subject & Number	Section	Day	Date	Time
2052	CU 103	305	SAT	3/14	9am - 2pm
1875	CU 104	307	WED	4/8	9am - 2pm
1876	CU 104	308	SAT	5/9	9am - 2pm

Cost: \$80 Location: Framingham Campus, 19 Flagg Drive, Framingham, MA

Register online for class at: www.massbay.edu/registercpwd
OR email form on back to: registrar@massbay.edu

Textbook and pocket mask/adaptor are required for this class.
(Available at the Framingham Campus bookstore)

Students who successfully complete the course will be issued a BLS card valid for 2 years.
(The card is emailed to you within one week).

Contact: Corporate Partnerships and Workforce Development
cpwd@massbay.edu 508-270-4100

Corporate Partnerships and Workforce Development Registration Form (non-credit courses)

Please be advised that, if there are any, additional fees may be applied to your bill. Anyone who registers, in any acceptable way, and fails to attend classes is still subject to full tuition and fee charges. Students must officially drop or withdraw from class in order to be reimbursed according to the published refund schedule. **All charges must be paid in full at time of registration.** This form may be mailed to address as indicated above or emailed. **To complete the form:** Save this file to your desktop as a .pdf and open the .pdf version on your desktop; enter the required information into the form, print the form and sign the one (or two for credit card payment) field(s) on the printed form. The phone numbers and email addresses entered on this form will be used for the College's emergency notification system. Please contact the Office of Public Safety for more information or to opt out of the system.

1. _____ OR _____
Social Security Number (optional) Student ID (if available)

SEMESTER & YEAR:	
FALL 20 _____	_____
WINTER 20 _____	_____
SPRING 2020 _____	_____
SUMMER 20 _____	_____

2. _____
Last Name First Name Middle Initial

3. _____ 4. Gender: Male Female

5. Home Phone _____ Cell Phone _____ Business Phone _____

6. Ethnic Group: American Indian or Alaskan Native Hispanic / Latino White Asian
Cape Verdean Black / African American Native Hawaiian or Pacific Islander

7. _____
Permanent Address City / State / Postal Code / Country

8. _____
Mailing Address (If different from above) City / State / Postal Code / Country

9. _____ 10. Military Status: Active Military Active Reserve Veteran Not a Veteran

10. Country of Citizenship: _____

4-Digit Class Number	Course Subject & Number	Section Number	Course Title	Meeting Days	Meeting Times	Campus
			Basic Life Support	SAT		FRA

Signature of Student Date If younger than 18, signature of legal parent/guardian & relationship to student Date
Sign after printing out the form

Payment Options: <input type="checkbox"/>	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Amount Authorized To Be Charged: \$ _____
Card Holder Name: _____	Card Number: _____
Expiration Date: _____	Security Code: _____ (Three digits from the back of the card)
Signature of Card Holder (sign after printing out form): _____	Date: _____

Office Use Only: Student ID #: _____	Date Credit Card Processed: _____	Employee Initials: _____
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