

ATLS Course Registration
Florida Atlantic University College of Medicine
Simulation Center
3998 FAU Blvd. #200
Boca Raton Fl. 33431

Name: _____ Course Dates: _____

Mailing Address: _____

Daytime Phone: _____ Email Address: _____

Highest Degree: _____
(ARNP, MD, DO, EMPT, etc.)

Specialty: _____
(Surgery, Emer, Med, Ortho, etc.)

Have you ever taken ATLS prior to this? Y N If Yes, Where/When? _____

ATLS Provider Number: _____
*Not course number

Expiration Date: _____
MM/DD/YYYY

Click the Link below to be taken to the Marketplace for payment:

https://epay.fau.edu/C20081_ustores/web/store_cat.jsp?STOREID=98&CATID=288

For more information contact : Sindiana Echeverri at secheverri@health.fau.edu

Course Price

Traditional (2 day), Refresher (1 day) Course Fees:

FAU COM Staff Physicians: \$800.00

FAU COM Resident Physicians: \$800.00

Outside Physicians: \$950.00

Mid-Level Providers (NP, PA): \$850.00

Cancellation Policy:

If you cancel 30 days or more before the course, you will receive a refund of 75%, or you are eligible to apply the total amount to register to either of the next two available ATLS classes sponsored by FAU College of Medicine. Refunds will not be processed if you cancel less than 20 days before course . The paid amount can be applied to register to either of the next two available ATLS classes sponsored by FAU College of Medicine

I acknowledge that I have read and agree to the above information provided:

Signature: _____

Date: _____