

Lake Norman Dental Assisting School

CPR Course Application

Name _____ Date _____

Address, city, state, _____ Zip _____

E-Mail address _____

Phone, home, cell, work _____

Employer _____

Address, city, state, zip _____

Business phone and fax _____

Date you plan to attend course: _____

Course Discription:

C.P.R. (Cardiopulmonary resuscitation) and A.E.D (automated external defibrillation)

Lake Norman Dental Assisting School is a registered training center for The American Safety & Health Institute's CPR and AED program. This program provides workplace and community training in performing CPR and using an automated external defibrillator (AED)

The cost of the course is \$80.00 community, \$40.00 enrolled students.

Cancellation, refund, and requirements policy:

A full refund of all monies will be made to any applicant who cancels the enrollment agreement within THREE business days of the first class.