

**UC Davis Health System  
Center for Nursing Education Application for Enrollment**

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS (ONE FORM PER CLASS)

COURSE TITLE:	COURSE DATE/TIME:	COURSE NUMBER:	
NAME:		COURSE LOCATION:	
HOME ADDRESS:			
CITY, STATE, ZIP:			
INSTITUTION/AREA:		HOME PHONE:	WORK PHONE:
JOB TITLE:	PROFESSIONAL LICENSE #	UCDHS EMPLOYEE ID #:	
CHECK ONE: <input type="checkbox"/> Fee: \$ <input type="checkbox"/> \$25 deposit <input type="checkbox"/> \$100 deposit (ACLS/PALS) (Manager's signature required)  _____ Manager's signature for ACLS/PALS	Payment method for fee or deposit: <input type="checkbox"/> Check made out to UC Regents <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover:  Card number: _____ Expiration: _____  Cardholder's Name: _____  Signature: _____		

- To Register:** Submit the completed registration form with check or credit card information in any of the following ways:

  - \* Send by campus or U.S. mail to:  
**Center for Nursing Education, 4900 Broadway, Suite 1630, Sacramento, CA 95820**
  - \* Visit our office, open 7 a.m. to 4:30 p.m., Monday through Friday
  - \* Put your registration with check or credit card information in the CNE mailbox in the 4<sup>th</sup> floor Nursing Office.
  - \* Credit card only: Phone (916) 734-9790 or Fax (916) 703-9903
  
- Information regarding course title, number, date, time and location is available on the CNE annual course calendar, on individual class flyers, and on our Web site at <http://www.ucdmc.ucdavis.edu/cne/classes/>
  
- Community Participants:** If a course fee is required, indicate the amount and attach a check payable to **UC Regents** or your credit card information. Refund of course fee less a \$25 service charge will be provided if registration is cancelled by the registrant at least five working days before the class. The entire fee will be refunded if provider cancels the course.
  
- UC Davis Health System Employees:** A \$25 refundable deposit is required (\$100 for ACLS/PALS, please see below). **Checks:** Please make payable to **UC Regents** and date for the date of the class. The check will be returned at the end of the class. Deposit is forfeited if registration is not canceled at least five workdays before the class date or for non-attendance. **Credit cards:** deposit charge will only be processed if participant does not attend the class.
  
- UC Davis Health System Employees Registering for ACLS/PALS:** A \$100 refundable deposit is required for PALS and ACLS for participants for whom the course is mandatory (UCDMC Patient Care Services employee, UCD SOM PGY 2,3 or PGY 4,5,6, **if on code team**). **Manager's signature is required.** Employees for whom the training is not mandatory pay the full registration fee, including UCD SOM physicians and UC Davis Health System employees outside of Patient Care Services. These courses typically fill up early (about 4 months in advance). We recommend calling **734-9790** or checking our Web site to inquire about space availability. Please see our Web site for additional fee information.