

# NORTHERN VIRGINIA DENTAL SOCIETY

American Red Cross

CPR - AED (automated external defibrillator) Training Course

**Class Dates for Spring 2019**

**January 12 February 9 March 9 April 13 May 11**

This course offers CPR and Automated External Defibrillator (AED) training for the Professional Rescuer. The course is taught according to the new American Red Cross and the National Emergency Cardiac Committee guidelines. This is available only to NVDS member dentists, their dental hygienists and their dental assistants.

**PLEASE NOTE:** You will receive an American Red Cross CPR/AED handbook by email about two weeks prior to your class. Please familiarize yourself with the material discussed in this manual. THE TRAINING COURSE FILLS THE DAY FROM 8:45 A.M. TO 2:00 P.M.

**THE COST IS \$75.00/PERSON.** Includes all materials, as well as the American Red Cross Certificate and NVDS Continuing Education Card.

**WEAR CASUAL DRESS:** CPR training can be strenuous. If you have an upper respiratory tract infection, a history of weeping dermatological lesions, or hepatitis, please contact Dr. Al Rizkalla at 703-671-2222.

**REGISTRATION POLICY:** Reservations should be promptly requested and will be accepted in the order in which they are received. Payment must accompany registration. **Due to the demand and limited size of the classes, no refunds are made for cancellations made within one week of the course. NO EXCEPTIONS.** You must file a new registration form, submit payment and will be subject to availability in order to reschedule this course.

Registration forms and payment information should be mailed (see Central Office address below), faxed to 703.750.2261 or emailed to tdougherty@nvds.org. Please feel free to contact Tracey Dougherty at 703-642-5298 with any questions.

**This course will be held at the:**

NVDS CENTRAL OFFICE  
4330 EVERGREEN LANE, SUITE N  
ANNANDALE, VA 22003

**4 CE Credit hours**

Agenda and directions to the office will be emailed with student handbook.

**Circle Requested Class Date:**      **January 12**    **February 9**    **March 9**    **April 13**    **May 11**

Dentist Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Attending Course:    Yes            No

Staff Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*\*Please copy registration form if additional spaces needed.**

**\*\*Each person needs their own individual email address. Your American Red Cross Certification Card will be sent directly to the email account listed above.**

Office Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Office Fax Number \_\_\_\_\_

**FEES: \$75 per person** \$ \_\_\_\_\_ Make checks payable to: NVDS

Name on credit card \_\_\_\_\_

Credit card \_\_\_\_\_ Expiration date \_\_\_\_\_ Verification Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

VISA MASTERCARD AMEX ONLY (Please circle one)

**\*\*FOR BILLING, NAME ON CREDIT CARD, CREDIT CARD NUMBER, AND BILLING ZIP CODE MUST ALL MATCH! CREDIT CARDS ARE NOT CHARGED UNTIL AFTER THE COURSE. PLEASE CONTACT THE CENTRAL OFFICE IN THE EVENT THAT YOU NEED TO CHANGE YOUR PAYMENT TYPE OR CARD.**

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