



Children's National Medical Center Department of Transport Medicine PALS Payment Form

ALL FIELDS MUST BE COMPLETED FOR THIS FORM TO BE PROCESSED

Name: _____
(PLEASE PRINT)

Department: _____

Work email: _____@childrensnational.org

Payment Requested For:

- PALS Provider Course \$350 *Includes textbook to borrow*
- PALS HeartCode Skills Session + Key (\$325)
- PALS Instructor Course (\$350)
- BLS Instructor (\$200)
- ACLS Provider (\$350) *Includes textbook to borrow*
- ACLS HeartCode Skills Session + Key (\$325)
- PALS Renewal Course (\$255) *Includes textbook to borrow*
- PALS Textbook (Fee: \$60.00)
- PEARS (\$125) *Includes textbook to borrow.*
- BLS Provider (\$120) *Includes textbook to borrow*
- ACLS Renewal (\$255) *Includes textbook to borrow*

Students attending ACLS, PALS or a PEARS class will receive a pocket card, included in their tuition.

Students enrolling in any PALS Program course agree to abide by the current Children's National Medical Center PALS Program and Training Center Refund Policy. Cancellations or rescheduling requests will be honored only if received 14 days prior to the first day of the scheduled course. Only one rescheduling request will be honored. All refunds will be subject to an administrative cancellation fee. Students that do not cancel their registration and do not show up to class will not receive a refund and will not be permitted to change their registration. I understand that cancellation or rescheduling of my enrollment in a course within 14 days of the course start date will require me to pay the course tuition fee.

Employee Signature: _____ Date: ____/____/____

MANAGEMENT APPROVAL (REQUIRED FOR ALL APPLICANTS):

THIS REQUEST FOR PAYMENT OF THE REGISTRATION COST IS

APPROVED

DENIED

Manager/Director Name: _____

Manager/Director Signature: _____ Date: ____/____/____

Cost center paying for this class: _____

Please send this completed form to: **VClarke@cnmc.org** or fax to **202-476-6870**



**Children's National Medical Center
Department of Transport Medicine
PALS Payment Instructions**

****Please note: Staff must complete payment information prior to course registration****

Payment methods for Children's National Medical Center PALS/PEARS courses:

**IF YOU ARE A CHILDREN'S NATIONAL RN, DO NOT FOLLOW THESE STEPS. FOLLOW THIS LINK TO SUBMIT YOUR INFORMATION FOR A PROMO CODE.
https://cnmc.proteanhub.com/public/show_form.php?form_id=69568**

ALL NON-NURSING STAFF, FOLLOW THESE INSTRUCTIONS:

OPTION 1 – SELF-PAY:

Self-pay with a credit card on line or contact the PALS Administrator, Valerie Clarke, to pay by check or cash. Valerie Clarke, vclarke@childrensnational.org, 202-476-3199

OPTION 2 – Departmental Sponsorship:

Instructions for the PALS Registration Process for Departmental Sponsorship:

1. CNMC Employee completes PALS Payment Form.
2. Employee submits form to their department for management approval.
3. Send the PALS Payment Form to Valerie Clarke at vclarke@cnmc.org
4. The PALS Program will add the employees CNMC email address to an approved list and a registration code will be sent to the employee by the PALS Program.
 - a. The employee's CNMC email address will need to be on the approved list in order to use the code.
 - b. CNMC Employee's must use their CNMC email address.
5. The employee will receive an email with a registration code. This code must be entered into the "promo code" field at the time of registration. If the employee does not use the promo code during registration they will be required to enter credit card payment information. The email address and promo code must be entered exactly the way that they are sent to the employee.
6. Cancellation and rescheduling requests must be sent to PALSProgram@childrensnational.org