



**Medical College of Georgia
 Certified Hospital Emergency Coordinator (CHEC)
 Registration Form**

**Course Dates: Basic Course September 21-22, 2009
 Level II Course September 23, 2009
 Location: Grady Memorial Hospital in Atlanta, Georgia**

Profession: ___ Physician ___ Infection Control ___ Safety/Security ___ Facility
 ___ Emergency Preparedness ___ Emergency Management ___ Nurse/Nurse Practitioner
 ___ PA ___ Paramedic/EMT ___ Public Health _____ Other (specify)

Contact Information:

Name (F, MI, L):	
Organization:	
Address:	
City, State, Zip:	
Job Phone:	
E-mail Address:	

Basic Course Prerequisites:

Prerequisite Completion Date IS-1: The Emergency Manager: _____

Prerequisite Completion Date IS-100, IS-100.HC (or equivalent): _____

Level II Prerequisites:

Prerequisite Completion Date IS-120A: An Introduction to Exercises: _____

Prerequisite Completion Date IS-235 Emergency Planning: _____

College Education (*optional*): ___ Associate ___ Bachelor ___ Masters ___ PhD

Payment Information:

___ \$450 Basic Course *only*
 ___ \$600 Basic and Level II Courses

Make Check/money-orders payable to:
 Medical College of Georgia

Mail to:
 MCG Dept. of Emergency Medicine
 CHEC
 Attn: CHEC Course Coordinator
 1120 15th Street, AF-2039
 Augusta, GA 30912

Credit Card Information:

Card Type:
 ___ MasterCard
 ___ VISA
 Card # _____
 Exp. Date _____
 3 Digit Security Code _____
 Name on Card _____
 Signature _____

For further information contact Lindsey Anthony @ (706) 360-8430

Email registration to: lanthony@mcg.edu or fax to (706) 721-7718