



American Burn Association
ADVANCED BURN LIFE SUPPORT NOW®
Registration Form
On-Line Provider Course

SOUTH CAROLINA DEPARTMENT OF HEALTH & ENVIRONMENTAL CONTROL

STEP 1: Name/Address

Complete Name (first name, middle initial, last name)—PLEASE PRINT LEGIBLY OR TYPE.

_____ Degree(s) _____

Organization _____

Org. Address _____

City _____ State _____ Zip Code _____ Country _____

Work Phone _____ Fax _____ Email _____

(REQUIRED)

Profession Please circle: Firefighter EMT Paramedic Social Worker PT/OT LPN RN NP PA _____

STEP 2: Home Address

Certificate Mailing Address

City _____ State _____ Zip Code _____ Phone _____

STEP 3: ABLS Registration Fees On-Line ABLS Now® Course

EMTs, Paramedics, Firefighters, Nurses, Nurse Practitioners
Licensed Vocational Nurses, Therapists, Physician Assistants

Special SC DHEC Group Rate: \$50.00

Note: SC DHEC has paid a portion of the registration fee making this special reduced rate available.

STEP 4: Payment Information (Credit Card Registrations may be faxed)

UPON RECEIPT OF REGISTRATION FORM & PAYMENT, A LINK TO THE COURSE
& THE SC DHEC GROUP CODE WILL BE SENT TO YOU VIA YOUR EMAIL ADDRESS

Payment Enclosed for \$ _____ Check Number: _____

Visa American Express MasterCard Credit Card Number _____ Expiration Date _____

Signature (required for credit card registration) _____

STEP 5: Fax or send Form with Payment To:

AMERICAN BURN ASSOCIATION
ABLS NOW® REGISTRATION
625 NORTH MICHIGAN AVE.
SUITE 2550
CHICAGO, IL 60611
TEL (312) 642-9260
FAX (312) 642-9130