



ACLS, BLS & PALS REIMBURSEMENT

DATE: _____

NAME: _____ PROGRAM: _____

Please complete the following:

COURSE NAME	LOCATION OF COURSE	DATE(S) OF COURSE	REGISTRATION FEE
TOTAL:			

Please attach a copy of your receipt.

RESIDENT SIGNATURE

Send to: WCGME
1010 N. Kansas
Wichita, KS 67214-3199