

NAME

TITLE

AGENCY

LANGUAGE(S)

PHONE

EMAIL

STREET ADDRESS

CITY, STATE, ZIP

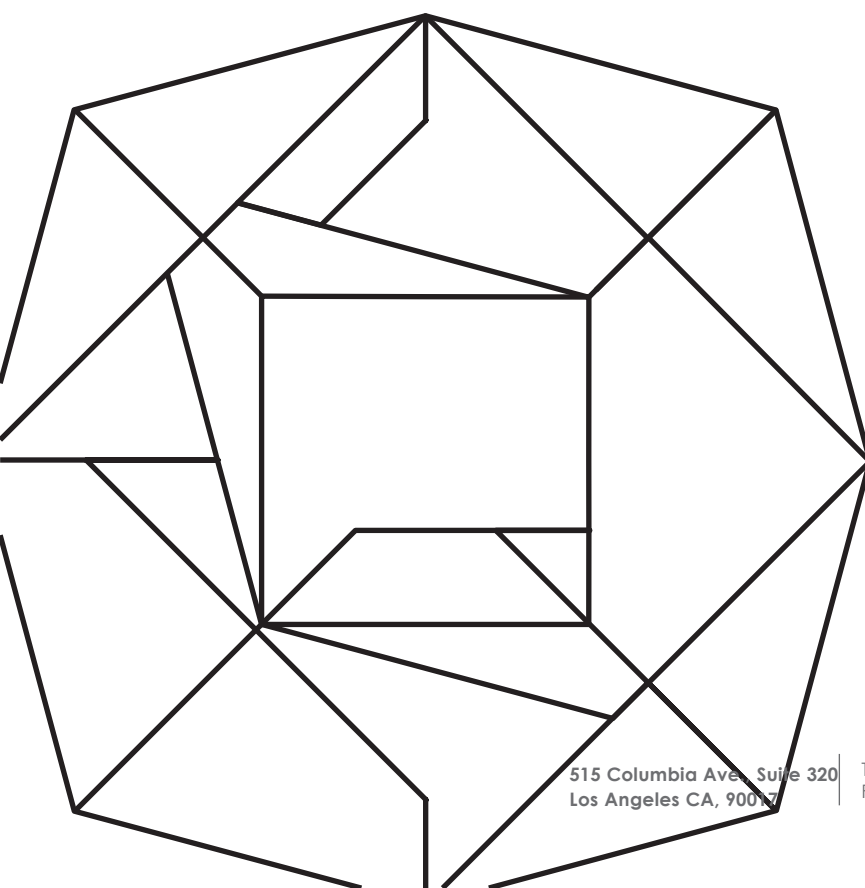


PLEASE EMAIL
 REGISTRATION FORM TO:
INFO@PALSFORHEALTH.ORG

Training Location: VIRTUAL

**PLEASE CHECK
 OUR WEBSITE
 FOR TESTING
 DATES**

TRAINING PARTICIPANTS MUST PASS
 PALS FOR HEALTH'S 2.5 HOUR PROFICIENCY TEST
 AS A PREREQUISITE TO THE TRAINING.



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