2019 “OPERATIONS LEVEL” HANDS-ON TRAINING REGISTRATION

Please choose your preferred first and second choices for location, date, and AM/PM classes. All classes are filled on a first come first serve basis, please register soon.

Please use full legal names to avoid confusion with OSU/OSDH recordkeeping.

*ONLY 15 PARTICIPANTS IN EACH CLASS ARE ALLOWED*

**Dates for March Locations:**
- 28th Stillwater Medical Center (Stillwater) - **Confirmed**

**Dates for April Locations:**
- 2nd Eastern Oklahoma (Poteau) - **Confirmed**
- 3rd St. John Medical Center (Tulsa) ½ day PM - **Confirmed**
- 9th Cherokee Nation WW Hastings (Tahlequah) - **Confirmed**
- 10th St John Medical Center (Broken Arrow) - **Confirmed**
- 16th INTEGRIS Cancer Institute of OK (OKC) – **NOT CONFIRMED**
- 17th OU Medical Center (Edmond) - **Confirmed**
- 23rd Jackson County Memorial Hospital (Altus) ½ day AM - **Confirmed**
- 24th Duncan Regional Hospital (Duncan) ½ day AM - **Confirmed**
- 25th Comanche County Memorial Hospital (Lawton) - **Confirmed**
- 30th Mercy Kingfisher (Kingfisher) ½ day PM - **Confirmed**

**Dates for May Locations:**
- 1st INTEGRIS Bass Baptist (Enid) - **Confirmed**
- 21st St John Medical Center (Owasso) ½ day AM - **Confirmed**
- 22nd Tulsa Spine & Specialty Hospital (Tulsa) ½ day AM - **Confirmed**
- 23rd St. Francis Hospital (Tulsa) ½ Day AM - **Confirmed**
- 28th Cordell Memorial Hospital (Cordell) ½ day AM –**NOT CONFIRMED**
- 29th Alliance Health Clinton (Clinton) ½ day AM - **Confirmed**
- 30th Mercy Hospital (OKC) - **Confirmed**

**Dates for June Locations:**
- 4th Choctaw Memorial (Hugo) ½ day AM - **Confirmed**
- 5th Alliance Health Madill (Madill) ½ day AM - **Confirmed**
- 6th Mercy Love County (Marietta) ½ day AM - **Confirmed**
- 11th Chickasaw Nation (Ada) - **Confirmed**
- 12th Creek Nation Community Hospital (Okemah) ½ day AM - **Confirmed**
- 13th OU Medical Center (OKC) ½ day AM - **NOT CONFIRMED**
- 21st Memorial Hospital of Texas County (Guymon) - **Confirmed**
HOSPITAL FACILITY NAME: ____________________________________________________

HOSPITAL CONTACT NAME: _________________________________________________

HOSPITAL CONTACT EMAIL: ________________________________________________

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