

BLS Course Registration 2007



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|--|----------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> BLS Healthcare Provider \$50.00 | Heartsaver CPR | <input type="checkbox"/> Adult/Child | <input type="checkbox"/> Infant |
| <input type="checkbox"/> BLS Healthcare Renewal \$35.00 | Heartsaver AED | <input type="checkbox"/> Adult/Child | <input type="checkbox"/> Infant |
| <input type="checkbox"/> Family/Friends CPR <input type="checkbox"/> Adult/Child <input type="checkbox"/> Infant | Heartsaver First Aid | <input type="checkbox"/> Adult | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Family/Friends First Aid for Children | | | |

Renewal And Instructor Course Notice → Renewal And Instructor Course Participants Must Attach A Copy Of The Front & Back Of Their Current Provider Card To This Registration. The Card(s) Must Be Current As Of The Date Of Class. Your Registration Is Not Complete Without This Attachment.

- BLS Healthcare Online Renewal
Internet-based BLS for Healthcare Providers Renewal Course from the American Heart Association. Go to www.americanheart.org/cpr to pay the AHA course fee and complete the on-line course & test. Upon successful completion, you print your own certificate & skills sheets. Then call LifeLink to schedule your skills evaluations.
- BLS Healthcare Online Renewal Skills Evaluation \$ 35.00
Must have BLS Healthcare Online Renewal Certificate & Skills Sheets.
- BLS Instructor \$135.00
Call for course prerequisites. Application is required with registration. The candidate must have a current AHA BLS Provider card, documented IP status or AHA Regional Faculty or CTC Coordinator referral, training center alignment, Instructor Application and completion of the AHA Core Instructor Course

AHA → The American Heart Association (AHA) requires all participants to have a current textbook before & during the course. A loaner textbook is included with registrations at no additional charge. This book must be returned on the last day of the course. A fee equal to the purchase price will be charged if a loaner textbook is not returned. Note: The AHA does not receive revenue from course fees.

STUDENT RESOURCES:

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| <input type="checkbox"/> BLS Healthcare Textbook \$15.00 | <input type="checkbox"/> Emgy Cardiac Care Handbook \$17.00 | <input type="checkbox"/> _____ |
| <input type="checkbox"/> MDI Pocket Mask in Pouch \$15.00 | <input type="checkbox"/> Laerdal Face Shield/Keychain \$5.00 | <input type="checkbox"/> Laerdal Face Shield \$ 2.00 |

Fees → Payment or a billing option below must be included with this form before your registration can be processed. All course registrations include a \$20.00 non-refundable / non-transferable registration fee. All course registrations, course transfer requests, & cancellations must be received 4 or more days prior to the first day of a course. Course transfer requests received 3 or less days prior to the first day of a course are subject to an additional registration fee. Cancellations received 3 or less days prior to the first day of a course will forfeit one-half of their course fees. Cancellations without notice ("no-shows") forfeit all course fees & will not receive a refund.

Course Date		Course Location	
Participant Name		Prof Title	Last 4 digits of SSN (Required for CE Credit)
Home Address		City	State Zip
Day Phone	Alternate Phone	Email Address	
Employer Name		Department / Division	

Do you want a free subscription to the LifeLink Log magazine? Y N

- Payment or billing option must be included with this form before your registration can be processed
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|---|---|
| <input type="checkbox"/> Check Enclosed | <input type="checkbox"/> Credit/Debit Card Payment By Phone |
| <input type="checkbox"/> OhioHealth Interdepartmental Transfer (Complete/Attach Cost Transfer Form) | |
| <input type="checkbox"/> Send Invoice (Available For Businesses Only) | |

Company / Department		PO Number	
Address		City	State Zip Code
Day Phone	Fax	Email Address	
Signature of Person Authorizing Payment		Printed Name of Person Authorizing Payment	



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