

### Practical Skills Examination (BLS)

| Dates             | Days      | Times              | Registration encouraged by |
|-------------------|-----------|--------------------|----------------------------|
| January 28, 2010  | Thursday  | 8:00 AM – 5:00 PM  | January 21, 2010           |
| February 20, 2010 | Saturday  | 8:00 AM – 5:00 PM  | February 13, 2010          |
| April 29, 2010    | Thursday  | 8:00 AM – 5:00 PM  | April 22, 2010             |
| May 1, 2010       | Saturday  | 8:00 AM – 5:00 PM  | April 24, 2010             |
| July 31, 2010     | Saturday  | 8:00 AM – 5:00 PM  | July 24, 2010              |
| August 4, 2010    | Wednesday | 6:00 PM – 10:00 PM | July 28, 2010              |
| November 4, 2010  | Thursday  | 8:00 AM – 5:00 PM  | October 28, 2010           |
| December 11, 2010 | Saturday  | 8:00 AM – 5:00 PM  | December 4, 2010           |

**Location:** HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110

**Prerequisites:**

- Submit copy of EMT-Basic certification or course completion with registration
- Submit copy of current CPR card (Must be a BLS course approved by the State of Colorado Emergency Medical and Trauma Services Section of the Health Facilities and Emergency Medical Services Division, CDPHE)
- Internet access

**Tuition:** \$50.00

**Text:** None

**Educational Credit:** None

**Registration:** Registration encouraged by date listed above to reserve your space. Send your registration form, prerequisite documentation, and payment to: HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110. Payment and prerequisites must be enclosed with registration to confirm a seat in the class.

**Cancellation:** Cancellation notice must be received in writing 5 working days prior to the beginning of class to qualify for a partial refund. A \$30.00 administrative fee will be assessed for any cancellation.

-----Clip and Mail-----

#### Practical Skills Examination (BLS) Registration Form

Dates you would like to register for:

|            |       |            |            |      |
|------------|-------|------------|------------|------|
| Last Name  |       | First Name |            | M.I. |
| Address    |       | City       | State      | Zip  |
| Home Phone |       | Cell Phone |            |      |
| Work Phone | Email |            | Last 4 SSN |      |
| Agency     |       |            |            |      |

MasterCard    Visa   Credit Card #    Exp. Date  /

Cardholder Name    Signature

We must have your expiration date and signature to accept payment with a credit card.   Amount Enclosed \$

Check    Money Order    Cash    PO#

How did you hear about this course?