

## Advanced Cardiac Life Support (ACLS) Instructor

This 4-hour course was designed by the American Heart Association (AHA) to prepare experienced ACLS providers to teach AHA ACLS courses. Students must provide a letter of recommendation from an AHA ACLS Course Director and instruct in one future ACLS course under supervision prior to successful course completion. *Any fees collected for this course do not represent income for the American Heart Association.*

Dates	Days	Times	Registration encouraged by
February 18, 2010	Thursday	8:00 AM – 12:00 PM	February 11, 2010
July 29, 2010	Thursday	8:00 AM – 12:00 PM	July 22, 2010

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

- Prerequisites:**
- Submit a current BLS Provider card with registration
  - Submit a current AHA ACLS provider card with registration (must have held card for at least 1 year)
  - Submit a letter of recommendation from an AHA ACLS Course Director with registration
  - Submit copy of completion of AHA Core Instructor course
  - Internet access

**Tuition:** \$75.00

**Text:** **Required:** *Instructor's Manual for Advanced Cardiac Life Support*, available at the Arapahoe Community College bookstore

**Education Credit:** 4 continuing education units

**Registration:** Registration encouraged by the 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 prerequisite 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-----

### Advanced Cardiac Life Support (ACLS) Instructor Registration Form

Dates you would like to register for:

Last Name	First Name	M.I.

Address	City	State	Zip

Home Phone	Cell Phone	HealthONE EMS Membership #

Work Phone	Email	Last 4 SSN

Agency

<input type="checkbox"/> MasterCard	<input type="checkbox"/> 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?