

American Heart Association: BLS Instructor

This 4-hour course is designed to train individuals with a BLS Healthcare Provider card to teach CPR and AED in accordance with American Heart Association (AHA) guidelines. BLS Provider status must be greater than 1 year from date of instructor course. *Any fees collected for this course do not represent income for the American Heart Association.*

Dates	Days	Times	Registration encouraged by
April 28, 2010	Wednesday	5:00 PM – 10:00 PM	April 21, 2010
August 5, 2010	Friday	1:00 PM – 5:00 PM	July 30, 2010
November 29, 2010	Monday	8:00 AM – 1:00 PM	November 22, 2010

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

- Prerequisites:**
- Submit a copy of current AHA Healthcare Provider CPR card with registration (at least one year of provider status required)
 - Submit a letter of recommendation from a BLS Healthcare Provider course instructor or an American Heart Association CPR course director with registration
 - Submit copy of completion certificate of AHA Core Instructor course
 - Internet Access

Tuition: \$50.00

Text: **Required:** *BLS for Healthcare Providers Instructor Manual*, available at the Arapahoe Community College bookstore

Optional: *BLS for Healthcare Providers*, 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-----

American Heart Association BLS 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	/
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Cardholder Name	Signature
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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?

Agency Web page Flyer Catalog Other