

American Heart Association: Basic Life Support for the Healthcare Provider (CPR)

This 4-hour course, developed by the American Heart Association (AHA), is open to anyone who wishes to obtain a BLS Healthcare Provider (CPR) course completion card and is a prerequisite for the EMT-Basic course. *Any fees collected for this course do not represent income for the American Heart Association.*

Dates	Days	Times	Registration encouraged by
February 8, 2010	Monday	12:30 PM – 5:00 PM	February 1, 2010
May 11, 2010	Tuesday	5:30 PM – 10:00 PM	May 4, 2010
August 10, 2010	Tuesday	5:30 PM – 10:00 PM	August 3, 2010
November 10, 2010	Wednesday	5:30 PM – 10:00 PM	November 3, 2010
December 8, 2010	Wednesday	5:30 PM – 10:00 PM	December 1, 2010

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

Prerequisites: • Internet access

Tuition: \$60.00

Text: **Required:** *Basic Life Support for the Healthcare Provider*, 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 and payment to: HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110. Payment 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: Basic Life Support for the Healthcare Provider (CPR) Registration Form

Dates you would like to register for:

Last Name	First Name	M.I.
<input type="text"/>		
Address	City	State Zip
<input type="text"/>		
Home Phone	Cell Phone	HealthONE EMS Membership #
<input type="text"/>		
Work Phone	Email	Last 4 SSN
<input type="text"/>		
Agency		
<input type="text"/>		
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Credit Card # <input type="text"/>
		Exp. Date <input type="text"/> / <input type="text"/>
Cardholder Name	Signature <input type="text"/>	
We must have your expiration date and signature to accept payment with a credit card.		Amount Enclosed \$ <input type="text"/>
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Cash
<input type="checkbox"/> PO#	<input type="text"/>	
How did you hear about this course?		
<input type="checkbox"/> Agency	<input type="checkbox"/> Web page	<input type="checkbox"/> Flyer
<input type="checkbox"/> Catalog	<input type="checkbox"/> Other	<input type="text"/>