

Practical Skills Examination (BLS)

| Dates | Days | Times | Registration encouraged by |
|-------------------|----------|-------------------|----------------------------|
| February 28, 2012 | Tuesday | 8:00 AM – 5:30 PM | February 21, 2012 |
| May 5, 2012 | Saturday | 8:00 AM – 5:30 PM | April 28, 2012 |
| May 24, 2012 | Thursday | 8:00 AM – 5:30 PM | May 17, 2012 |
| July 28, 2012 | Saturday | 8:00 AM – 5:30 PM | July 21, 2012 |
| August 16, 2012 | Thursday | 8:00 AM – 5:30 PM | August 9, 2012 |
| November 15, 2012 | Saturday | 8:00 AM – 5:30 PM | November 8, 2012 |
| December 8, 2012 | Thursday | 8:00 AM – 5:30 PM | December 1, 2012 |

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

Prerequisites:

- Submit copy of EMT certification or course completion with registration
- 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:

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| | | |
| Last Name | First Name | M.I. |

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|---------|------|-------|-----|
| | | | |
| Address | City | State | Zip |

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| Home Phone | Cell Phone |

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| | | |
| Work Phone | Email | Last 4 SSN |

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| Agency | |

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| Credit Card # | Exp. Date | / | |

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| | | |
| Cardholder Name | Signature | |

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| Agency | |

MasterCard Visa Money Order Cash PO#

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