

Advanced Cardiac Life Support (ACLS) Instructor

This 8-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
January 30, 2012	Monday	8:00 AM – 5:00 PM	January 23, 2012
August 17, 2012	Friday	8:00 AM – 5:00 PM	August 10, 2012

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 Manual for Advanced Cardiac Life Support*, available at the Arapahoe Community College bookstore

Education Credit: 8 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 \$	
[]						[]	