

American Heart Association: BLS Instructor

This 5-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 |
|------------------|-----------|-------------------|----------------------------|
| February 6, 2012 | Monday | 8:00 AM – 1:00 PM | January 30, 2012 |
| May 10, 2012 | Thursday | 8:00 AM – 1:00 PM | May 3, 2012 |
| August 22, 2012 | Wednesday | 8:00 AM – 1:00 PM | August 15, 2012 |
| November 8, 2012 | Thursday | 8:00 AM – 1:00 PM | November 1, 2012 |

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

MasterCard 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 \$

Money Order Cash PO#