

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
January 4, 2012	Wednesday	1:00 PM – 5:30 PM	December 27, 2011
February 1, 2012	Wednesday	5:30 PM – 10:00 PM	January 25, 2012
March 7, 2012	Wednesday	1:00 PM – 5:30 PM	February 29, 2012
April 4, 2012	Wednesday	5:30 PM – 10:00 PM	March 28, 2012
May 2, 2012	Wednesday	1:00 PM – 5:30 PM	April 25, 2012
June 6, 2012	Wednesday	5:30 PM – 10:00 PM	May 30, 2012
August 1, 2012	Wednesday	1:00 PM – 5:30 PM	July 25, 2012
September 5, 2012	Wednesday	5:30 PM – 10:00 PM	August 29, 2012
October 3, 2012	Wednesday	1:00 PM – 5:30 PM	September 26, 2012
November 7, 2012	Wednesday	5:30 PM – 10:00 PM	October 31, 2012
December 5, 2012	Wednesday	1:00 PM – 5:30 PM	November 28, 2012

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.
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#