

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

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

| Dates | Days | Times | Registration encouraged by |
|-------------------|-----------|--------------------|----------------------------|
| February 13, 2012 | Monday | 6:00 PM – 10:00 PM | February 6, 2012 |
| April 23, 2012 | Monday | 6:00 PM – 10:00 PM | April 16, 2012 |
| June 13, 2012 | Wednesday | 6:00 PM – 10:00 PM | June 6, 2012 |
| August 8, 2012 | Wednesday | 6:00 PM – 10:00 PM | August 1, 2012 |
| October 10, 2012 | Wednesday | 6:00 PM – 10:00 PM | October 3, 2012 |
| December 12, 2012 | Wednesday | 6:00 PM – 10:00 PM | December 5, 2012 |

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

Prerequisite:

- Submit copy of current American Heart Association BLS Healthcare Provider card
- Internet access

Tuition: \$50.00

Text: **Optional:** *Basic Life Support for the Healthcare Provider*, available at the Arapahoe Community College bookstore

Education Credit: 3 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: Basic Life Support for the Healthcare Provider (CPR) Renewal Registration Form

Dates you would like to register for:

Last Name

First Name

M.I.

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Address

City

State

Zip

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Home Phone

Cell Phone

HealthONE EMS Membership #

| | | |
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Work Phone

Email

Last 4 SSN

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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#