AHA ONLINE HEARTCODE PALS/HEARTCODE BLS OPTION-COMPUTER BASED LEARNING

There are many computer-based programs that use American Heart Association Guidelines, <u>BUT</u> they are not The Official AHA program! Your Employer may not recognize any other Computer-based program to meet your PALS or BLS requirements for credentialing.

AHA ONLINE HEARTCODE PALS AHA ONLINE HEARTCODE BLS

To purchase the American Heart Association Online training option for PALS and/or BLS, please follow the directions below:

- 1. On your computer, go to https://elearning.heart.org
- 2. Click on the Courses Tab Arrow. Select and purchase HeartCode PALS. This cost is paid directly to the AHA. and/or
- 3. Select and purchase HeartCode BLS. This cost is paid directly to the AHA.
- 4. Complete the online portion of your training and print a copy or copies of your course completion certificate. **PLEASE NOTE!** You must complete the online course evaluation in order to print your certificate(s).

HANDS ON SKILLS VALIDATION SESSION

- **5.** Fill out the registration form below and return with your payment.
- **6.** Bring your completion certificate(s) to your skills testing session. <u>Please Note!</u> Skills Validation must be completed <u>before</u> your Certificate expires.
- 7. Successfully complete the Skills Validation portion and receive your American Heart Association PALS and/or BLS Provider course completion card

<u>CANCELLATION POLICY</u>: Fees are **NON-REFUNDABLE.** Fee may be applied to a future rescheduled course if taken within six (6) months of the cancelled course. Cancellations made within **two weeks** of the course will be charged an additional **\$25.00** rescheduling fee.

REGISTRATION FORM - HANDS ON SKILLS VALIDATION SESSION

Location: Health Education Strategies-Goddard Square-11460 Telegraph Rd - Taylor, MI 48180

PLEASE CHECK WHICH DISCIPLINE(S) YOU WILL BE RENEWING:

	(Please select Skills Session Do	THE YOU WIll be attending)	
	☐ July 21, 2023 (Time: 8 am)	☐ July 25, 2023 (Time: 3 pm))
	☐ August 18, 2023 (Time: 8 am)	☐ August 30, 2023 (Time: 3)	pm)
	☐ September 15, 2023 (Time: 8 am)	☐ September 27, 2023 (Time	e: 3 pm)
	☐ October 16, 2023 (Time: 8 am)	☐ October 26, 2023 (Time: 3 pm)	
	☐ November 20, 2023 (Time: 8 am)	☐ November 28, 2023 (Time: 3 pm)	
	☐ December 15, 2023 (Time: 8 am)	☐ December 27, 2023 (Time: 3 pm)	
PLEASE PRINT CLEA	RLY:		
Name			Office Use Only
Name:			Amt Pd: \$
Credentials/Title:	E-mail Address:		☐ Cash ☐ Credit Card
Day Telephone:	Night Telephone:		☐ Check ☐ Money Order

Date:

Invoice#:

☐ Attached

☐ Email

Date: _

PAYMENT MUST ACCOMPANY REGISTRATION

Home Mailing Address: ______

City, State, Zip Code:

Employer:

Please make check/money order payable to "Health Education Strategies, LLC" and mail to:

(U.S. Mailing Address Only)

11460 Telegraph Rd-Taylor, MI 48180 (Canadian checks must be US Currency).

For further Information, Contact: Marilyn Enriquez at 734-288-3050/Fax: 734-250-7951

Email: healthedst@gmail.com Web: www.healtheducationstrategies.com

WE ACCEPT VISA/MASTERCARD/DISCOVER/AMEX CREDIT CARD PAYMENTS

Department:

Card Number:		Expiration (Mo/Year):		
Total Amount		(Located on Back of Card next to		
Authorized:	Security Code:	Signature Line. Usually 3 or 4 digits.)		
Cardholder Name:				
Cardholder Billing Address:				
I agree to pay above amount according to card issuer agreement.				
Cardholder Signature:				
Cardholder Email Address:				