

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

There are many computer-based programs that use American Heart Association Guidelines, **BUT** 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. **Please Note!** Skills Validation must be completed **before** your Certificate expires.
  7. Successfully complete the Skills Validation portion and receive your American Heart Association PALS and/or BLS Provider course completion card.

**CANCELLATION POLICY:** 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:**

- PALS Only - FEE \$130**       **PALS & BLS - FEE \$165**

*(Please select Skills Session Date you will be attending)*

- |   |   |
|---|---|
| <input type="checkbox"/> January 19, 2024 (Time: 8 am)  | <input type="checkbox"/> January 30, 2024 (Time: <b>3 pm</b> )  |
| <input type="checkbox"/> February 19, 2024 (Time: 8 am) | <input type="checkbox"/> February 28, 2024 (Time: <b>3 pm</b> ) |
| <input type="checkbox"/> March 15, 2024 (Time: 8 am)    | <input type="checkbox"/> March 28, 2024 (Time: <b>3 pm</b> )    |
| <input type="checkbox"/> April 19, 2024 (Time: 8 am)    | <input type="checkbox"/> April 24, 2024 (Time: <b>3 pm</b> )    |
| <input type="checkbox"/> May 17, 2024 (Time: 8 am)      | <input type="checkbox"/> May 30, 2024 (Time: <b>3 pm</b> )      |
| <input type="checkbox"/> June 14, 2024 (Time: 8 am)     | <input type="checkbox"/> June 25, 2024 (Time: <b>3 pm</b> )     |

**PLEASE PRINT CLEARLY:**

Name: \_\_\_\_\_  
 Credentials/Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Day Telephone: \_\_\_\_\_ Night Telephone: \_\_\_\_\_  
 Home Mailing Address: \_\_\_\_\_  
 (U.S. Mailing Address Only)  
 City, State, Zip Code: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Department: \_\_\_\_\_

**Office Use Only**

Amt Pd: \$ \_\_\_\_\_  
 Cash     Credit Card  
 Check    Money Order  
 #: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Rec'd: \_\_\_\_\_  
 Invoice#: \_\_\_\_\_  
 Attached  
 Email  
 Date: \_\_\_\_\_

**PAYMENT MUST ACCOMPANY REGISTRATION**

Please make check/money order payable to "Health Education Strategies, LLC" and mail to:  
 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](mailto:healthedst@gmail.com) Web: [www.healtheducationstrategies.com](http://www.healtheducationstrategies.com)

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

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

The American Heart Association strongly promotes knowledge and proficiency in all American Heart Association courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course materials; do not represent income to the Association. Rev 11/13/23