

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"/> July 19, 2024 (Time: 8 am) | <input type="checkbox"/> July 30, 2024 (Time: 3 pm) |
| <input type="checkbox"/> August 16, 2024 (Time: 8 am) | <input type="checkbox"/> August 27, 2024 (Time: 3 pm) |
| <input type="checkbox"/> September 20, 2024 (Time: 8 am) | <input type="checkbox"/> September 25, 2024 (Time: 3 pm) |
| <input type="checkbox"/> October 21, 2024 (Time: 8 am) | <input type="checkbox"/> October 30, 2024 (Time: 3 pm) |
| <input type="checkbox"/> November 15, 2024 (Time: 8 am) | <input type="checkbox"/> November 25, 2024 (Time: 3 pm) |
| <input type="checkbox"/> December 16, 2024 (Time: 8 am) | <input type="checkbox"/> December 27, 2024 (Time: 3 pm) |

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: _____

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

Card Number: _____		Expiration (Mo/Year): _____
Total Amount Authorized: _____	Security Code: _____	(Located on Back of Card next to 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: _____		

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