AHA ONLINE HEARTCODE ACLS/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 ACLS or BLS requirements for credentialing.

AHA ONLINE HEARTCODE ACLS AHA ONLINE HEARTCODE BLS

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

- 1. On your computer, go to https://elearning.heart.org
- Click on the Courses Tab Arrow. Select and purchase HeartCode ACLS. This cost is paid directly to the AHA. and/or
- Select and purchase HeartCode BLS. This cost is paid directly to the AHA. 3.
- 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

- Fill out the registration form below and return with your payment.
- 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 ACLS and/or BLS Provider course completion

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 DISCIPLING ACLS Only - FEE \$105			
	(Please select Skills Session			
☐ January 28, 2024 (Time: 8 am) ☐ February 27, 2024 (Time: 3 pm) ☐ March 27, 2024 (Time: 3 pm) ☐ April 30, 2024 (Time: 3 pm) ☐ May 29, 2024 (Time: 3 pm)	☐ April 11, 2024 (Time: 8☐ May 8, 2024 (Time: 8	e: 8 am) 8 am) am)	☐ February 25, 20☐ March 24, 2024 (☐ April 28, 2024 (☐ May 19, 2024 (☐ ☐ June 23, 2024 (☐ ☐ ☐ June 23, 2024 (☐ ☐ ☐ June 23, 2024 (☐ ☐ ☐ June 23, 2024 (☐ ☐ June 24, 2024 (☐ ☐ ☐ June 24, 2024 (☐ June 24, 2024	l (Time: 8 am) Time: 8 am) Time: 8 am)
☐ June 26, 2024 (Time: 3 pm) PLEASE PRINT CLEARLY				Office Use Only
Name:				Amt Pd: \$
Credentials/Title:				☐ Cash ☐ Credit Card ☐ Check ☐ Money Order
Day Telephone:	Night Telephone	e:		#:
Home Mailing Address:	(U.S. Mailing Address Only)			Date:
City, State, Zip Code: Employer: 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 Web: www.healtheducationstrategies.com		ment: LC" and mail to: y).		Rec'd: Invoice#: Attached Email Date:
VA/E	ACCEPT VICA /MACTERCARD /DICC	WED / AMEY COEDIT (ADD DAVMENTS	

WE A	CEPT VISA/IVIASTERCARD/DISCOVER/AIVIEX CI	REDIT CARD PATIVIENTS	
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:			