AHA ONLINE HEARTCODE ACLS/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 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
- 2. Click on the Courses Tab Arrow. Select and purchase HeartCode ACLS. 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 ACLS 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.

<u>REGISTRATION FORM - HANDS ON SKILLS VALIDATION SESSION</u>

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

PLEASE CHECK WHICH DISCIPLINE(S) YOU WILL BE RENEWING:			
	☐ ACLS Only - FEE \$100 ☐ ACLS & BLS -		
	(Please select Skills Session Date you will be atte	<mark>ending)</mark>	
☐ July 12, 2023 (Time: 8 am) ☐ August 27, 2023 (Time: 8 am) ☐ September 26, 2023 (Time: 3 pm) ☐ November 19, 2023 (Time: 8 am) ☐ December 28, 2023 (Time: 3 pm)	☐ October 22, 2023 (Time: 8 am)	☐ September 24, 2023 (Time: 8 am) ☐ October 25, 2023 (Time: 3 pm)	
PLEASE PRINT CLEARLY		Office Use Only Amt Pd: \$	
Name:			
	E-mail Address:	_ 500 5.50 50	
Day Telephone:	Night Telephone:	#:	
Home Mailing Address:	(U.S. Mailing Address <u>Only)</u>	Date	
City, State, Zip Code:	(0.00.000.000.000.000.000.000.000.000.0	Rec'd:	
Employer:	Department:		
PAYMENT MUST ACCOMPANY REGISTRATION Please make check/money order payable to	☐ Attached		
11460 Telegraph Rd-Taylor, MI 48180 (Cana	☐ Email		
For further Information, Contact: Marilyn En Email: healthedst@gmail.com Web: www.heb : www.he	Date:		

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

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:		
1	agree to pay above amount according to card	issuer agreement.
Cardholder Signature:		
Cardholder Email Address:		