

**2022 AHA BLS or AHA HEARTSAVER INSTRUCTOR UPDATE/RENEWAL COURSE**  
**Offered by Health Education Strategies, LLC**

All Instructors **must** attend a renewal course before the end of the month in which your instructor card expires! **If there is not a renewal course scheduled for the month your card expires, you must attend one of the scheduled courses prior to the expiration date.**

**There is absolutely NO GRACE PERIOD for Instructors. Your Instructor status must be current!**

**IN ORDER TO MAINTAIN/UPDATE YOUR INSTRUCTOR STATUS, INSTRUCTORS SHOULD HAVE:**

- 1) Been **Monitored by a TC Faculty Member** teaching a BLS Provider or HS CPR-AED course within the last 2 years
- 2) Taught a minimum of 4 courses in the last 2 year period and have submitted the **COMPLETE and ACCURATE** documentation for those courses.

**COURSE FEE:** \$300 - Fee includes one on site course monitor by H.E.S. Training Center Faculty.

**Non-H.E.S. Instructor Course Fee:** \$250 - Submit a copy of your current AHA Instructor card with registration form.

**COURSE LOCATION:** Health Education Strategies, LLC – 11460 Telegraph Rd – Taylor, MI 48180

**CANCELLATION POLICY:** Fees are **non-refundable**. The course fee may be applied to a future rescheduled course if taken within three (3) months of the original course date. Cancellations made within two weeks of the original course date are charged an additional \$25.00 rescheduling fee.

**2022 REGISTRATION FORM**

All classes scheduled from 6-10 pm

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> March 28, 2022   | <input type="checkbox"/> May 23, 2022      | <input type="checkbox"/> June 20, 2022      |
| <input type="checkbox"/> July 25, 2022    | <input type="checkbox"/> August 22, 2022   | <input type="checkbox"/> September 26, 2022 |
| <input type="checkbox"/> October 24, 2022 | <input type="checkbox"/> November 28, 2022 |   |

NAME: \_\_\_\_\_

CREDENTIALS: \_\_\_\_\_ LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME MAILING ADDRESS: \_\_\_\_\_

(U.S. Mailing Address Only. No P.O. Boxes)

CITY, STATE, ZIP: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

EVENING PHONE NUMBER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

**PAYMENT MUST ACCOMPANY REGISTRATION**

Please make check/money order payable to "Health Education Strategies, LLC" and mail to: 11460 Telegraph Road, 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)

**OFFICE USE ONLY**

Materials Provided:

- Confirmation Letter
- Agenda
- Course Location Map
- E-Mailed  Picked up

BLS-I  HS-I

Card Expiration: \_\_\_\_\_

Last Monitor Date: \_\_\_\_\_

Teaching Minimum Met:

- YES  NO

**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**

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

The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS 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 AHA. Updated 11/18/2021