

**2022 AMERICAN HEART ASSOCIATION
PEDIATRIC ADVANCED LIFE SUPPORT PROVIDER UPDATE/RENEWAL COURSE**
Offered by Health Education Strategies, LLC

COURSE OBJECTIVE: The American Heart Association course is designed to teach pediatric healthcare providers the knowledge and skills necessary to evaluate and manage critically ill infants and children. For providers who are expected to treat critically ill pediatric patients. An American Heart Association PALS Provider Card issued upon successful course completion.

PREREQUISITES: **Current** AHA PALS & BLS Provider Cards (include card copies with registration)

****PRE-COURSE MODULES WILL BE ASSIGNED AND MUST BE COMPLETED**

PRIOR TO ATTENDING YOUR SCHEDULED COURSE DATE!**

COURSE FEE: \$180 Fee includes all course materials. Materials will be distributed upon receipt of payment. Refreshments are provided.

REGISTRATION DEADLINE: Two (2) weeks prior to course date. Registrations received after will be subject to an additional \$10.00 late registration fee.
Registrations can be emailed/faxed, dropped off or mailed. Our contact information is listed below.

COURSE LOCATION: Health Education Strategies Training Site - 11460 Telegraph Rd - Taylor, MI 48180

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 **\$75.00** rescheduling fee.

DISCLAIMER: *Continuing Medical Education Units are not available/provided for the PALS training through H.E.S. You can however; provide a copy of the course agenda and your AHA certification card to your credentialing organization. They may award CME/CE Units for you.*

REGISTRATION FORM

ALL AHA PROVIDER & RENEWAL COURSES REQUIRE THE CURRENT COURSE STUDENT MANUAL.

PALS Provider Print Edition PALS Provider eBook

BLS Provider Print Edition BLS Provider eBook

BLS PROVIDER TRAINING POST PALS-\$60

YES NO

- | | |
|---|--|
| <input type="checkbox"/> July 18, 2022 (8 am-3 pm) | <input type="checkbox"/> July 26, 2022 (3 pm-10 pm) |
| <input type="checkbox"/> August 22, 2022 (8 am-3 pm) | <input type="checkbox"/> August 30, 2022 (3 pm-10 pm) |
| <input type="checkbox"/> September 19, 2022 (8 am-3 pm) | <input type="checkbox"/> September 28, 2022 (3 pm-10 pm) |
| <input type="checkbox"/> October 17, 2022 (8 am-3 pm) | <input type="checkbox"/> October 25, 2022 (3 pm-10 pm) |
| <input type="checkbox"/> November 21, 2022 (8 am-3 pm) | <input type="checkbox"/> November 30, 2022 (3 pm-10 pm) |
| <input type="checkbox"/> December 12, 2022 (8 am-3 pm) | <input type="checkbox"/> December 28, 2022 (3 pm-10 pm) |

Office Use Only
Materials Provided:
PALS Provider Manual:
<input type="checkbox"/> Print <input type="checkbox"/> eBook
BLS Provider Manual
<input type="checkbox"/> Print <input type="checkbox"/> eBook
<input type="checkbox"/> Letter/Agenda/Map
<input type="checkbox"/> Invoice# _____
<input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Office Pick Up

PLEASE PRINT CLEARLY: H.E.S. is not responsible for lost mail.

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: \$ _____
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card
<input type="checkbox"/> Check <input type="checkbox"/> Money Order

Date: _____
Rec'd: _____
ADD
Late Registration Fee - \$10.00
<input type="checkbox"/> Yes

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

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. Updated 1/11/2021