## 2024 AMERICAN HEART ASSOCIATION ADVANCED CARDIAC LIFE SUPPORT PROVIDER COURSE

Offered by Health Education Strategies, LLC

<u>COURSE OBJECTIVE</u>: The American Heart Association course is designed to teach providers the knowledge and skills necessary to evaluate and manage an acute cardiac event or cardiac arrest. For providers who are expected to treat critically ill patients. An American Heart Association ACLS Provider Card issued upon successful course completion.

PREREQUISITES: Current AHA BLS Provider Card (include card copy with registration)

PRE-COURSE MODULES WILL BE ASSIGNED AND MUST BE COMPLETED PRIOR TO ATTENDING YOUR SCHEDULED COURSE DATE!

COURSE FEE: \$260 (1-day or 2-day option) 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

<u>CANCELLATION POLICY</u>: Fees are <u>NON-REFUNDABLE</u>. Fee may be applied to a future rescheduled course if taken within six (6) months of the cancelled course. Cancellations made within <u>two weeks</u> of the course will be charged an additional **\$75.00** rescheduling fee.

DISCLAIMER: Continuing Medical Education Units are not available/provided for the ACLS 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 AI	HA PROVIDER & RENEWAL COURSES REQUIRE THE CURREN	T COURSE STUDENT MANUAL.	
☐ I already have AHA G2020 ACLS Man	ual (20-1106)	☐ I already have AHA G2020 BLS Provider Manual (20-1102	
Deduct \$25.00 from course fee  ☐ ACLS Provider Print Edition or ☐ ACLS Provider eBook		Deduct \$10.00 from course fee <u>if taking with ACLS</u> ☐ BLS Provider Print Edition <u>or</u> ☐ BLS Provider eBool	
			1 Day Option
8:00am – 5:00pm	8:00am - 4:30pm (Day 1)	☐ YES ☐ NO	
	8:00am – 12:00pm (Day 2)	Office Use Only	
☐ January 27, 2024	January 27 & 28, 2024		
☐ February 24, 2024	☐ February 24 & 25, 2024	Materials Provided:	
☐ March 12, 2024	☐ March 12 & 13, 2024	ACLS Provider Manual:	
☐ March 23, 2024	☐ March 23 & 24, 2024	☐ Print ☐ eBook	
☐ April 10, 2024	☐ April 10 & 11, 2024	BLS Provider Manual	
☐ April 27, 2024	☐ April 27 & 28, 2024	□ Print □ eBook	
PLEASE PRINT CLEARLY: H.E.S. is	☐ Letter/Agenda/Map —		
		☐ Invoice# ☐ Mail ☐ E-Mail ☐ Office Pick Up	
	E-mail Address:		
Day Telephone:	Night Telephone:	Office Use Only	
Home Mailing Address:		Amt Pd: \$	
	(U.S. Mailing Address <u>Only)</u>	☐ Cash ☐ Credit Card	
City, State, Zip Code:	· · · · · · · · · · · · · · · · · · ·	☐ Check ☐ Money Order #	
Employer:	Department:		
PAYMENT MUST ACCOMPANY	REGISTRATION		
	yable to " <b>Health Education Strategies, LLC"</b> and mail to:	Rec'd:	
	<b>180</b> (Canadian checks must be US Currency).	ADD	
	office at 734-288-3050/Fax: 734-250-7951	Late Registration	
Email: healthedst@gmail.com Web: www.healtheducationstrategies.com		Fee - \$10.00 □Yes	
Train <u>incurred Steagman.com</u>	· · · · · · · · · · · · · · · · · · ·	Tes .	

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

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