

2024 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.

2024 REGISTRATION FORM

All classes scheduled from 6-10 pm

- | | | |
|---|--|---|
| <input type="checkbox"/> Mon, March 18, 2024 | <input type="checkbox"/> Mon, May 20, 2024 | <input type="checkbox"/> Mon, July 29, 2024 |
| <input type="checkbox"/> Mon, August 19, 2024 | <input type="checkbox"/> Mon, September 30, 2024 | <input type="checkbox"/> Thurs, December 19, 2024 |

NAME: _____

CREDENTIALS: _____

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 Web: 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

| | | |
|--|---|----------------------------------|
| Card Number: _____ | | Expiration (Mo/Yr): _____ |
| Total Amount Authorized: _____ | <small>(Located on Back of Card next to Signature Line. Usually 3 or 4 digits.)</small> | |
| Security Code: _____ | | |
| 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 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 12/13/2022