

ACLS or PALS COURSE APPLICATION

ACLS PROVIDER ACLS RECERTIFICATION

PALS PROVIDER PALS RECERTIFICATION

(Please Check Appropriate Box/Boxes)

Applicant Name: _____

Course Location: _____

Course Date(s): _____ # of Students: _____

Course Director: _____ Lead Instructor: _____

Please attach the following to the application:

1. Faculty List with Teaching Assignments
2. Copies of Current AHA Instructor Cards (Non-H.E.S. Instructors **only**)
3. Course Agenda
4. Course Evaluation Form
5. Equipment List

I agree to the following:

- ★ All students in this course will be provided with a current AHA ACLS/PALS student manual.
- ★ All core teaching content will be presented during the course.
- ★ Instruction will be case based.
- ★ The AHA written examination will be used as an evaluation tool.
- ★ All students will be issued AHA course completion cards.
- ★ I will assure that the BLS Provider requirement is performed either during or before the course.

★ Upon completion of the course, I will return to H.E.S. the following:

1. **Final** Course Roster with Test Scores
2. **ACLS:** All **completed** Adult High-Quality BLS; Airway Management & Mega Code Skill Testing Checklists; Written Exam Answer Sheets; ACLS Precourse Preparation Completion Certificate including video lessons and Precourse Self-Assessment
3. **PALS:** All **completed** PALS Infant CPR/Child CPR-AED; Cardiac; Respiratory or Shock Skill Testing Checklists; Written Exam Answer Sheets; PALS Precourse Preparation Completion Certificate including video lessons and Precourse Self-Assessment.
4. All **completed** Student Course Evaluation Forms
5. **Final** Faculty List with Assignments

I agree to the requirements for filing this course with Health Education Strategies Training Center:

Lead Instructor (or) Course Director Name and Signature _____ Date _____

Telephone: _____ Fax: _____

Email: _____

Please submit application form at least **30 days** prior to the course with a \$50.00 application fee

Please make check payable to: Health Education Strategies, LLC

FOR OFFICE USE ONLY

Amt Pd: _____ Cash _____ Cr Card _____ CK# _____ MO# _____

Pmt Date _____ Pmt Rec'd Date _____ Invoice# _____

Invoice Email Date _____ Approval Letter Email Date: _____