



# Health Education Strategies Training Site

11460 Telegraph Rd – Taylor, MI 48180  
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American Heart Association®

**AUTHORIZED TRAINING CENTER**

## American Heart Association Emergency Cardiovascular Care Programs

- BLS Course  
  BLS Renewal  
  Heartsaver CPR AED  
  Heartsaver First Aid CPR AED  
  Heartsaver First Aid  
  Heartsaver Pediatric First Aid CPR AED  
 Heartsaver K-12 Schools

### eLearning

- HeartCode BLS  
  Heartsaver First Aid CPR AED  
  Heartsaver CPR AED  
  Heartsaver First Aid  
  Heartsaver Pediatric First Aid CPR AED

### Additional Courses

- Family & Friends CPR  
  Bloodborne Pathogens (BBP)

### Course Information

#### Module Completed

This course included the following Heartsaver CPR AED/K-12 core components:  
 (Check all that apply)

- Adult CPR AED  
  Child CPR AED  
  Infant CPR  
  First Aid

Course Location Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Instructor Information

#### Lead Instructor \_\_\_\_\_

Lead Instructor ID# \_\_\_\_\_

Status Renewal Date: \_\_\_\_\_

Status:  BLS Instructor  
 HS Instructor  
 BLS TCF/RF

Training Center: **SCMH** ID#: **MI03588**

Training Site Name: **Health Education Strategies LLC**

Address: **11460 Telegraph Rd**

City, State ZIP **Taylor, MI 48180**

Course Start Date/ Time \_\_\_\_\_

Course End Date/ Time \_\_\_\_\_

Total Hours of Instruction \_\_\_\_\_

Student-Manikin Ratio \_\_\_\_\_

**OFFICE USE ONLY:** # of Cards Issued: \_\_\_\_\_ Issue Date of Cards: \_\_\_\_\_

### Assisting Instructor (Attach copy of Instructor card for Instructors aligned with a TC other than the primary TC)

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

\_\_\_\_\_  
 Signature of Lead Instructor

\_\_\_\_\_  
 Date

OVER PLEASE

**COURSE PARTICIPANTS**

<p><b>NAME and Email</b>                      Please <b>PRINT</b> as you wish your name to appear on your card                      Please print email address <b>LEGIBLY</b>.</p>	<p>Mailing Address                      City, State ZIP-Postal Code</p>	<p>Telephone</p>	<p>Complete/                      Incomplete</p>	<p>Remediation/                      Date                      Completed</p>	<p>Exam                      Score</p>
<p>1.                      _____                      Email:</p>					
<p>2.                      _____                      Email:</p>					
<p>3.                      _____                      Email:</p>					
<p>4.                      _____                      Email:</p>					
<p>5.                      _____                      Email:</p>					
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<p>10.                      _____                      Email:</p>					