

**2025 AMERICAN HEART ASSOCIATION
ADVANCED CARDIAC LIFE SUPPORT PROVIDER COURSE**
Offered by Health Education Strategies, LLC

COURSE OBJECTIVE: 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

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

I already have AHA G2020 ACLS Manual (20-1106)

Deduct \$25.00 from course fee

ACLS Provider Print Edition or ACLS Provider eBook

1 Day Option

8:00am – 5:00pm

January 25, 2025

February 22, 2025

March 29, 2025

April 26, 2025

May 6, 2025

May 17, 2025

2 Day Option

8:00am – 4:30pm (Day 1)

8:00am – 12:00pm (Day 2)

January 25 & 26, 2025

February 22 & 23, 2025

March 29 & 30, 2025

April 26 & 27, 2025

May 6 & 7, 2025

May 17 & 18, 2025

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: _____

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 our office at 734-288-3050/Fax: 734-250-7951

Email: healthedst@gmail.com Web: www.healtheducationstrategies.com

I already have AHA G2020 BLS Provider Manual (20-1102)

Deduct \$10.00 from course fee if taking with ACLS

BLS Provider Print Edition or BLS Provider eBook

BLS PROVIDER TRAINING POST ACLS-\$60

YES NO

Office Use Only

Materials Provided:

ACLS Provider Manual:

Print eBook

BLS Provider Manual

Print eBook

Letter/Agenda/Map

Invoice# _____

Mail E-Mail Office Pick Up

Office Use Only

Amt Pd: \$ _____

Cash Credit Card

Check Money Order

Date: _____

Rec'd: _____

ADD

Late Registration

Fee - \$10.00

Yes

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: _____			