2025 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.

<u>REGISTRATION DEADLINE</u>: Two (2) weeks prior to course date. Registrations received after will be subject to <u>an additional \$10.00 late registration fee</u>. 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 **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

	REGISTRATION I ORM					
·	PROVIDER & RENEWAL COURSES REQUIRE THE CURREN					
□ I already have AHA G2020 ACLS Manual (20-1106) Deduct \$25.00 from course fee □ ACLS Provider Print Edition or □ ACLS Provider eBook		□ 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 eBool				
				1 Day Option	2 Day Option	BLS PROVIDER TRAINING POST ACLS-\$60
				8:00am - 5:00pm June 18, 2025 June 28, 2025 July 1, 2025 July 26, 2025 August 23, 2025 September 27, 2025 PLEASE PRINT CLEARLY: H.E.S. is n Name:	8:00am — 4:30pm (Day 1) 8:00am — 12:00pm (Day 2) June 18 & 19, 2025 June 28 & 29, 2025 July 1 & 2, 2025 July 26 & 27, 2025 August 23 & 24, 2025 September 27 & 28, 2025 ot responsible for lost mail.	☐ 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
Credentials/Title:	E-mail Address:					
Day Telephone:	Night Telephone:					
Home Mailing Address:		Amt Pd: \$				
City, State, Zip Code:	(U.S. Mailing Address <u>Only)</u>	☐ Check ☐ Money Order #				
Employer:	Department:					
PAYMENT MUST ACCOMPANY RE	GISTRATION					
Please make check/money order payal	ole to "Health Education Strategies, LLC" and mail to:	Rec'd:				
11460 Telegraph Rd, Taylor, MI 48180	Late Registration					
For further Information, contact our of	fice at 734-288-3050/Fax: 734-250-7951	Fee - \$10.00				
Email: <u>healthedst@gmail.com</u> Web: <u>www.healtheducationstrategies.com</u>		□Yes				

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

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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	l issuer agreement.
Cardholder Signature:		
Cardholder Email Address:		