

**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

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

**1 Day Option**  
8:00am – 5:00pm

**2 Day Option**  
8:00am – 4:30pm (Day 1)  
8:00am – 12:00pm (Day 2)  
 October 25 & 26, 2025  
 November 22 & 23, 2025  
 December 13 & 14, 2025

**BLS PROVIDER TRAINING POST ACLS-\$60**  
 YES  NO

October 25, 2025  
 November 22, 2025  
 December 13, 2025

Office Use Only
Materials Provided:
ACLS Provider Manual:
<input type="checkbox"/> Print <input type="checkbox"/> eBook
BLS Provider Manual
<input type="checkbox"/> Print <input type="checkbox"/> eBook
<input type="checkbox"/> Letter/Agenda/Map
<input type="checkbox"/> Invoice# _____
<input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Office Pick Up

**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](mailto:healthedst@gmail.com) Web: [www.healtheducationstrategies.com](http://www.healtheducationstrategies.com)

Office Use Only
Amt Pd: \$ _____
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card
<input type="checkbox"/> Check <input type="checkbox"/> Money Order
# _____
Date: _____
Rec'd: _____
<b>ADD</b>
Late Registration
Fee - \$10.00
<input type="checkbox"/> Yes

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

<b>Card Number:</b> _____	<b>Expiration (Mo/Year):</b> _____
<b>Total Amount</b>	<b>(Located on Back of Card next to Signature</b>
<b>Authorized:</b> _____	<b>Line. Usually 3 or 4 digits.)</b>
<b>Cardholder Name:</b> _____	<b>Security Code:</b> _____
<b>Cardholder Billing Address:</b> _____	
<b>I agree to pay above amount according to card issuer agreement.</b>	
<b>Cardholder Signature:</b> _____	
<b>Cardholder Email Address:</b> _____	

The American Heart Association strongly promotes knowledge and proficiency in all American Heart Association courses 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 Association. Updated 11/06/23