

AHA ONLINE HEARTCODE ACLS/HEARTCODE BLS OPTION-COMPUTER BASED LEARNING

There are many computer-based programs that use American Heart Association Guidelines, **BUT** they are not The Official AHA program!
Your Employer may not recognize any other Computer-based program to meet your ACLS or BLS requirements for credentialing.

AHA ONLINE HEARTCODE ACLS
AHA ONLINE HEARTCODE BLS

To purchase the American Heart Association Online training option for ACLS and/or BLS, please follow the directions below:

1. On your computer, go to <https://elearning.heart.org>
2. Click on the Courses Tab Arrow. Select and purchase HeartCode ACLS. This cost is paid directly to the AHA.
and/or
3. Select and purchase HeartCode BLS. This cost is paid directly to the AHA.
4. Complete the online portion of your training and print a copy or copies of your course completion certificate.
PLEASE NOTE! You must complete the online course evaluation in order to print your certificate(s).

HANDS ON SKILLS VALIDATION SESSION

5. **Fill out the registration form below and return with your payment.**
6. Bring your completion certificate(s) to your skills testing session. **Please Note!** Skills Validation must be completed **before** your Certificate expires.
7. Successfully complete the Skills Validation portion and receive your American Heart Association ACLS and/or BLS Provider course completion card.

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 **\$25.00** rescheduling fee.

REGISTRATION FORM – HANDS ON SKILLS VALIDATION SESSION

Location: Health Education Strategies-Goddard Square-11460 Telegraph Rd - Taylor, MI 48180

PLEASE CHECK WHICH DISCIPLINE(S) YOU WILL BE RENEWING:

- ACLS Only - FEE \$105** **ACLS & BLS - FEE \$140**

(Please select Skills Session Date you will be attending)

- | | | |
|-----------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> January 26, 2025 (Time: 8 am) | <input type="checkbox"/> January 28, 2025 (Time: 3 pm) | <input type="checkbox"/> February 23, 2025 (Time: 8 am) |
| <input type="checkbox"/> February 26, 2025 (Time: 3 pm) | <input type="checkbox"/> March 26, 2025 (Time: 3 pm) | <input type="checkbox"/> March 30, 2025 (Time: 8 am) |
| <input type="checkbox"/> April 27, 2025 (Time: 8 am) | <input type="checkbox"/> April 29, 2025 (Time: 3 pm) | <input type="checkbox"/> May 7, 2025 (Time: 8 am) |
| <input type="checkbox"/> May 18, 2025 (Time: 8 am) | <input type="checkbox"/> May 29, 2025 (Time: 3 pm) | <input type="checkbox"/> June 19, 2025 (Time: 8 am) |
| <input type="checkbox"/> June 25, 2025 (Time: 3 pm) | <input type="checkbox"/> June 29, 2025 (Time: 8 am) | |

PLEASE PRINT CLEARLY

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: Marilyn Enriquez at 734-288-3050/Fax: 734-250-7951
Email: healthedst@gmail.com Web: 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: _____	
Invoice#: _____	
<input type="checkbox"/> Attached	
<input type="checkbox"/> Email	
Date: _____	

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: _____	

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. Rev 11/13/2023