

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

COURSE OBJECTIVE: The American Heart Association course is designed to teach pediatric healthcare providers the knowledge and skills necessary to evaluate and manage critically ill infants and children. For providers who are expected to treat critically ill pediatric patients. An American Heart Association PALS 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 PALS 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 PALS Manual (20-1119)
Deduct \$25.00 from course fee

PALS Provider Print Edition PALS Provider eBook

1 Day Option

8:00am – 5:30pm

- January 24, 2025
- February 21, 2025
- March 21, 2025
- April 25, 2025
- May 16, 2025
- June 20, 2025

2 Day Option

**8:00am – 4:30pm (Day 1)
8:00am – 12:00pm (Day 2)**

- January 24 & 25, 2025
- February 21 & 22, 2025
- March 21 & 22, 2025
- April 25 & 26, 2025
- May 16 & 17, 2025
- June 20 & 21, 2025

I already have AHA G2020 BLS Provider Manual (20-1102)
Deduct \$10.00 from course fee if taking with PALS

BLS Provider Print Edition BLS Provider eBook

BLS PROVIDER TRAINING POST PALS-\$60

YES NO

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: Marilyn Enriquez at 734-288-3050/Fax: 734-250-7951

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

Office Use Only
Materials Provided:
PALS 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

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: _____
ADD
Late Registration Fee - \$10.00
<input type="checkbox"/> Yes

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

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