

**Wooster Community Hospital  
American Heart Association Class Registration  
BLS Healthcare Provider**

Name: \_\_\_\_\_ email: \_\_\_\_\_ Emp. Clock #: \_\_\_\_\_  
 Manager: \_\_\_\_\_ Department.: \_\_\_\_\_ Bloomington WCH Contracted

To register, please complete this form and mail to Russ Leonardi (AHA office).

- Plan to attend your Basic Life support (BLS) class on a day which you are not scheduled to work. Nurse Exec has decided that staff will attend AHA classes in addition to their normal work agreement. You will be paid for the time that you attend class if this is a requirement for your position. Please discuss any scheduling concerns with your manager.
- The scheduled class time will be noted on your work schedule in KRONOS. The Training Center Coordinator will notify your manager and nursing office if you do not attend the class or you withdraw within 2 weeks prior to the class date. You may, at your manager’s discretion, receive an attendance incident for not attending a class for which you have registered.

**Please choose the appropriate course below:**

**RENEWAL** – You must have a current Healthcare Provider card (or less than 30 days expired) to select this option. A book will be sent to you a few weeks prior to the class. Please choose a date below. Class times are from 0730-0900 or 1000-1130.

Please select class time

	0730-0900
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	1000-1130
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	January 17, 2019
	March 6, 2019
	April 16, 2019
	June 18, 2019

	August 21, 2019
	September 17, 2019
	October 18, 2019
	December 18, 2019

**NEW PROVIDER - Video-driven, instructor led course** (you do NOT need a current Healthcare Provider card to take this class). A book will be sent to you a few weeks prior to the class date you have chosen (below), to prepare.

**Class time is 1200** for all dates.

	January 17, 2019
	March 6, 2019
	April 16, 2019
	June 18, 2019

	August 21, 2019
	September 17, 2019
	October 18, 2019
	December 18, 20189

By checking the box and signing below, I authorize Wooster Community Hospital to deduct, from my pay, the cost of the *BLS for Healthcare Provider Student Manual* (\$15) if I do not return it the day of the class and/or the cost of the Course Access Key (\$28) if required for a class and do not complete the complete the class within 60 days (**NO EXCEPTIONS**).

I agree to the terms stated above.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_