

**BLS Healthcare Provider: 2021 American Heart Association Class Registration
(NON-WCH employees)**

Name: _____ Phone number: _____
Email address: _____

To register, please complete this form and email or mail to THE AHA Office.

Welcome to the **BLS healthcare provider course**. The BLS course is designed to teach high-quality cardiopulmonary resuscitation (CPR) for victims of all ages with a single rescuer and/or a multi-rescuer team approach. Both the BLS renewal and new provider courses consist of video instructions, skills practice, skills test and written exam. There is no precourse

Please plan to arrive to class on time with your BLS manual. Students will not be permitted into the class once class has started. Students are expected to be present and participate in the entire course.

Plan to wear loose, comfortable clothing to class. You will be practicing skills that require you to bend, stand, and lift. If you have any physical conditions that might prevent you from engaging in these activities, please inform an instructor at the beginning of class so the equipment can be adjusted to meet your needs.

COURSE FEES:

BLS New provider and Renewal: \$65.00

- Fees needs to be paid 72 hours prior to the course date.
- We accept exact change and checks payable to WCH c/o AHA.
- We do not accept credit card payments.

REQUIRED MANAUL:

- A digital or printed BLS manual is required to attend the BLS new provider course.
- If you purchase a digital copy, you must have access to the digital manual during the instructor lead course.
- Manuals are available for purchase on: <https://shopcpr.heart.org/>

| Manuals | Printed Manual | Digital manual |
|------------|--|---|
| BLS | \$16.00 (+Shipping) Product #: 20-1102 https://shopcpr.heart.org/bls-provider-manual | \$14.00 Product # 20-3102 https://shopcpr.heart.org/bls-provider-manual-ebook |

Please choose the appropriate course below

BLS RENEWAL:

- This class is intended for current, or less than 30 days expired healthcare provider (BLS) card holders.

Please select a class time:

| | |
|------------------|------------------|
| 0730-0930 | 1030-1230 |
|------------------|------------------|

Please select date:

| | |
|-------------------|-------------------|
| February 24, 2021 | August 23, 2021 |
| April 27, 2021 | October 27, 2021 |
| June 30, 2021 | December 17, 2021 |

BLS NEW PROVIDER:

- This class is intended for expired healthcare provider (BLS) card holders or first-time students.

Please select a date:

| |
|------------------|
| 1330-1730 |
|------------------|

| | |
|-------------------|-------------------|
| February 24, 2021 | August 23, 2021 |
| April 27, 2021 | October 27, 2021 |
| June 30, 2021 | December 17, 2021 |

By checking the box and signing below, I acknowledge that students rescheduling or canceling a class are required to give a 72-hour notice. There are no refunds given for missed, rescheduled or canceled classes within 72-hours by the student. A person canceling or missing a class within the 72-hour window will be required to pay for any future classes scheduled. Access Keys that have been issued for a class cannot be returned or refunded. **(NO EXCEPTIONS)**.

I agree to the terms stated above:

Employee Signature: _____ Date: _____

****Upon receipt of this form, an email will be sent to you to confirm that you are registered for the course you selected****

If you have any questions, please contact:

Melissa Hammerly: mhammerly@wchosp.org (330-263-8139)

Jennifer Murphy: jmurphy@wchosp.org (330-263-8138)

Address: 1760 Beall Avenue, Wooster, OH 44691