BASIC LIFE SUPPORT CPR INSTRUCTORS COURSE

THE SIEMT WILL BE CONDUCTING AN AMERICAN HEART, HEALTH CARE PROVIDER BLS AND HEARTSAVER CPR INSTRUCTOR'S COURSE.
STARTING ON WEDNESDAY, OCTOBER 29, 2008

THIS COURSE WILL BE CONDUCTED USING THE REVISED AHA 2005 GUIDELINES

THE COURSE WILL BE HELD AT Staten Island Heart Society, 3055 Richmond Road, SI, NY, 10306.
ON THE FOLLOWING DATES AND TIMES:

1. Wednesday 10/29 7:00pm -10:30pm
2. Tuesday 11/4 7:00pm-10:30pm
3. Wednesday 11/5 7:00pm- 10:30pm
4. Tuesday 11/11 7:00pm-10:30pm
5. Wednesday 11/12 7:00pm-10:30pm

PREREQUISITE: Current AHA Healthcare Provider BLS card or a current Heartsaver (adult, child & infant card with AED). Please submit a copy of your card with this application.

Completion of the AHA CORE program (This can be done online, or on your home computer) this part will need to be accomplished between the 1st and 2nd session of the course.

TUITION: $350.00

This fee covers the cost of all HCP or HS instructor textbooks, the CORE program CD, plus each student will receive the current AHA DVD Video for either the Healthcare Provider or Heartsaver Course.

You will need to purchase the revised provider manuals and video’s for the, Heart Saver CPR, Heart Saver First Aid and the Family & Friends courses if you intent teaching any of those courses.

The tuition is payable upon submission of this application.

Payment for the course must be in cash, certified check or money order, payable to S.I. Emergency Medical Training Center. If any further information is needed, please contact me at (718) 981-9474.

The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS 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, and any fees charged for such a course do not represent income to the Association.

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PLEASE - - PRINT AHA.INST.COURSE SIHA. 11/08

NAME___________________________________________________________
ADDRESS______________________________________________________ STATE _______ ZIP_____________________
PHONE____________________AFFILIATION________________________

-----Return to SIEMT, 178 Kell Ave., SI,NY, 10314-----