### BLS Instructor Initial Program

- **Day:** Two Monday and Wednesday
- **Dates:** August 6, 8, 13 and 15, 2012
- **Times:** 6:00 PM to 10:00 PM
- **Cost:** $350.00 includes Instructor Manual
  - $100.00 Deposit Required

**Prerequisite:** Current ACLS Provider Card & Completion of AHA Core Instructor Course

### Core Instructor Course

- **All AHA Instructor Candidates must take the Core Instructor Course PRIOR to taking an Initial AHA Instructor Program.**
- **Proof of Successful Completion must be supplied by the first day of class.**
- **Cost:** $40.00

### BLS Instructor Renewal Program # 1

- **Date:** Friday, August 31, 2012
- **Times:** 10:00 AM to 2:00 PM
- **Cost:** $150.00
  - $75.00 Deposit Required

**Prerequisite:** Current BLS Provider Card, & Current BLS Instructor Card

### BLS Instructor Renewal Program # 2

- **Date:** Friday, August 31, 2012
- **Times:** 6:00 PM to 10:00 PM
- **Cost:** $150.00
  - $75.00 Deposit Required

**Prerequisite:** Current BLS Provider Card, & Current BLS Instructor Card

### Location of Program:

Flushing Community Volunteer Ambulance Corp.
43-16 162 Street, Flushing, NY 11358
(South of Northern Blvd. between 43rd Avenue and 45th Avenue)

### Parking:

Street parking is available

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**Check off the programs you would like to attend, complete the information below and mail this form, along with a copy of your cards (both sides) & Core Course Completion (as appropriate,) along with the deposit or full payment to:**

William J. Powell Associates, L.L.C.
PO Box 685, Levittown, NY 11756

Or Fax it to: 1-888-647-3690

### NAME:

____________________________________________________________________________________

### ADDRESS:

(Number & Street) (City) (State) (Zip)

### TELEPHONE:

(Number you can be reached at) Home: __________________________
Cell: __________________________

### EMAIL ADDRESS:

_______________________________________________________________________________

Payment may be made by cash, certified check or money order Payable to William J. Powell Associates, L.L.C.

To inquire about Credit Cards, or for any other information, call 516-242-0399.

- Visa   MC   AMX   Discover   Card # __________________________
  Exp. Date: _______ CVV2: _______ Amount $__________ Signature: __________________________

Billing Address:  □ Same As Above  If Different:

**PLEASE WRITE NEATLY**