**American Heart Association**

**ACLS Instructor and Provider Certification Courses**

<table>
<thead>
<tr>
<th>ACLS Provider Initial Program</th>
<th>ACLS Provider Renewal Program</th>
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</thead>
<tbody>
<tr>
<td><strong>DAY:</strong> Two Monday and Wednesdays</td>
<td><strong>DAY:</strong> Two consecutive Tuesdays</td>
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<tr>
<td><strong>DATES:</strong> July 16, 18, 23, and 25, 2012</td>
<td><strong>DATES:</strong> July 17 and 24, 2012</td>
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<tr>
<td><strong>TIMES:</strong> 6:00 PM to 10:00 PM</td>
<td><strong>TIMES:</strong> 6:00 PM to 10:00 PM</td>
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</table>
| **COST:** $ 270.00 Includes Student Manual  
$ 100.00 Deposit Required | **COST:** $ 170.00 Includes Student Manual  
$ 75.00 Deposit Required |

**ACLS Instructor Program**

<table>
<thead>
<tr>
<th><strong>DAY:</strong> Monday and Wednesday</th>
<th><strong>Core Instructor Course</strong></th>
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<tbody>
<tr>
<td><strong>DATES:</strong> September 10 and 12, 2012</td>
<td>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.</td>
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<tr>
<td><strong>TIMES:</strong> 6:00 PM to 10:00 PM</td>
<td>Cost: $40.00</td>
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| **COST:** $ 360.00 Includes Instructor Manual  
$ 100.00 Deposit Required | PREREQUISITE: Current ACLS Provider Card & Completion of AHA Core Instructor Course |

**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

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: __________________________________________

(Private & 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**