

**2019 UNIVERSITY OF MICHIGAN HEALTH SYSTEM
AHA ONLINE HEARTCODE BLS OPTION POST PALS RECERTIFICATION CLASS**

Offered by Health Education Strategies, LLC

AHA blended learning is a combination of eLearning, in which a student completes part of the course in a self-directed manner online, followed by a hands-on session. AHA eLearning courses give students the flexibility to learn at their own pace and on their own schedule, anywhere and anytime an internet connection is available.

1. Complete the registration form below and return with your payment information
Your AHA HeartCode BLS online Key (URL) **will be issued via email** upon receipt of this completed registration form
2. Complete the AHA Heartcode BLS online portion **including** the online course evaluation
3. Print completion certificate and present to your AHA Instructor at your scheduled hands-on session
4. After successful completion of your hands-on skills, you will receive your AHA BLS Provider card electronically

2019 REGISTRATION FORM – HANDS ON SKILLS VALIDATION SESSION

Location: **UMHS TOWSLEY HALL**

HC BLS Blended Learning Fee - \$57.50

UMHS DEPARTMENT BILLING SHORT CODE: _____ SELF PAY: YES Enclose Payment Information
(See payment options below)

PLEASE SELECT SESSION DATE BELOW

- September 9 September 11 October 23 November 4

PLEASE PRINT CLEARLY:

Name: _____
Credentials/Title: _____ Department: _____
E-mail Address **PLEASE PRINT CLEARLY:** _____
Day Telephone: _____ Night Telephone: _____
Home Mailing Address: _____
(U.S. Mailing Address Only)
City, State, Zip Code: _____

Office Use Only

Amt Pd: \$ _____
 Cash Credit Card
 Check Money Order
#: _____
Date: _____
Rec'd: _____
Invoice#: _____
 Email
Date: _____
URL Email Date: _____

PAYMENT MUST ACCOMPANY REGISTRATION

Please make check/money order payable to "Health Education Strategies, LLC" and mail to:
11460 Telegraph Rd-Taylor, MI 48180 (Canadian checks must be US Currency).
For further information, Contact: Marilyn Enriquez at 734-288-3050/Fax: 734-250-7951
Email: uofmcpr@gmail.com Web: www.healtheducationstrategies.com

WE ACCEPT VISA/MASTERCARD/DISCOVER/AMEX CREDIT CARD PAYMENTS

Card Number: _____		Expiration (Mo/Year): _____
Total Amount Authorized: _____	Security Code: _____ (Located on Back of Card next to Signature Line. Usually 3 or 4 digits.)	
Cardholder Name: _____		
Cardholder Billing Address: _____		
I agree to pay above amount according to card issuer agreement.		
Cardholder Signature: _____		
Cardholder Email Address: _____		

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. Any fees charged for such a course, except for a portion of fees needed for AHA course materials; do not represent income to the AHA. Updated 12/13/2018