



American Heart Association
BLS for Healthcare Providers

Mondays in 2010-2011

5:30 pm - 9:30 pm

FEE: \$45 class plus \$15 textbook= \$60

Make check payable to: The CPR Lady

Receive AHA Card Day of Class!!

AVAILABLE DATES 2010		AVAILABLE DATES 2011	
July 12	October 11	January 17	April 11
July 19	October 18	January 24	April 18
July 26	October 25	January 31	April 25
August 16	November 15	February 14	May 16
August 23	November 22	February 21	May 23
August 30	November 29	February 28	May 31*
September 13	December 13	March 14	June 13
September 20	December 20	March 21	June 20
September 27	December 27	March 28	June 27

Schedule and fees subject to change without notice. On-site registration \$60 if space available
*Indicates class held on Tuesday

Register Early!

Schedule subject to change without notice. Enrollment is limited. Classes fill-up quickly.

Book Required!

All students must have a current book--*AHA BLS for Healthcare Providers Student Manual* (80-1010 2/06 – located on back of cover), which must be brought to the class:

1. Purchase book from The CPR Lady for \$15. Book may be picked up prior to class, but WILL NOT BE MAILED.
2. Bring current book.

Confirmation by Email!

Class confirmation, directions and study guide are sent by email. Book is NOT mailed.

Call or Email! 949.651.1020

THE CPR LADY - Helen McCracken RDH, MS
 Helen@TheCPRLady.net

CEUs Available!

CEUs available to LVNs, EMTs, Paramedics, Dentists, Dental Assistants, and Dental Hygienists

Provider Class Includes:

- ♥ 30 Compressions: 2 Ventilations
- ♥ One-Rescuer CPR (adult, child, infant)
- ♥ Two-Rescuer CPR (adult, child, infant)
- ♥ AED – Automated External Defibrillator
- ♥ Foreign Body Airway Obstruction (adult, child, infant)

Use of American Heart Association 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 Association.

REGISTRATION FORM BLS for Healthcare Provider

Name _____
 (Print clearly)

Address _____

City/State/Zip _____

Email _____
 (Print clearly—Confirmation is sent by email)

Phone # _____

Check must be enclosed when you send your registration form

2010		
<input type="checkbox"/> July 12	<input type="checkbox"/> September 13	<input type="checkbox"/> November 15
<input type="checkbox"/> July 19	<input type="checkbox"/> September 20	<input type="checkbox"/> November 22
<input type="checkbox"/> July 26	<input type="checkbox"/> September 27	<input type="checkbox"/> November 29
<input type="checkbox"/> August 16	<input type="checkbox"/> October 11	<input type="checkbox"/> December 13
<input type="checkbox"/> August 23	<input type="checkbox"/> October 18	<input type="checkbox"/> December 20
<input type="checkbox"/> August 30	<input type="checkbox"/> October 25	<input type="checkbox"/> December 27
2011		
<input type="checkbox"/> January 17	<input type="checkbox"/> March 14	<input type="checkbox"/> May 16
<input type="checkbox"/> January 24	<input type="checkbox"/> March 21	<input type="checkbox"/> May 23
<input type="checkbox"/> January 31	<input type="checkbox"/> March 28	<input type="checkbox"/> May 31*
<input type="checkbox"/> February 14	<input type="checkbox"/> April 11	<input type="checkbox"/> June 13
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<input type="checkbox"/> February 28	<input type="checkbox"/> April 25	<input type="checkbox"/> June 27

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*Indicates class held on Tuesday

Make check payable to The CPR Lady
 Mail this form and your check to:

THE CPR LADY ♥ 12 Spoonbill ♥ Irvine ♥ California ♥ 92604-4522 ♥ 949.651.1020