

## AHA BLS & Heartsaver Instructor Course

Registration Form

June 1, 2023 @9:00am-5:00pm

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Is an employer/organization sponsoring you? No \_\_\_ Yes \_\_\_ Name \_\_\_\_\_

**Note:** You must have pre-approval to align with an authorized AHA Training Center before taking the Instructor Course. Complete the Instructor Candidate Application and return it with this registration form.

### Indicate which parts of the Instructor Training Program you will complete with us:

\_\_\_\_\_ **BLS Instructor = \$299**

\_\_\_\_\_ add Heartsaver Instructor Manual \$65.00 (for BLS Instructors who also want to teach Heartsaver)

\_\_\_\_\_ **Heartsaver Instructor = \$299**

\_\_\_\_\_ **TC Alignment (2yr) + 1st class Monitor = \$550**

Course fee includes BLS or HS Instructor Essentials online course (pre-req) and Instructor Manual/s. Reduced rates for 2 or more people from the same organization, contact us for a quote.

**Registration Deadline: May 18** Include a copy of your current AHA "BLS Provider" or "Heartsaver First Aid/CPR/AED" certification and your Instructor Candidate Application  
<https://www.cprlifeline.com/InstructorProgram.html>

**Total Fee** \_\_\_\_\_

• Check payable to CPR LifeLine (preferred payment method)

• Card Number \_\_\_\_\_ exp \_\_\_\_ / \_\_\_\_ sec code \_\_\_\_\_

Billing Address \_\_\_\_\_

Cardholder

Name \_\_\_\_\_ Signature \_\_\_\_\_

☞ **Email registration to: info@cprlifeline.com**

☞ **Mail registration to: CPR LifeLine, 9320 SW Barbur Blvd Suite 175, Portland OR 97219**

**Cancellation Policy:** Cancellations received at least 24 hours prior to the start of class are eligible for a refund minus a \$50 processing fee, the online course if started, and any manuals already received. Cancellations received with less than 24 hours notice or no shows at class are not eligible for a refund except the TC Alignment/Monitor fee and any manuals not received. I understand and accept this cancellation policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_