 **2016**

**Basic Life Support for Healthcare**

**Providers Course for**

**Nurses and Physicians and**

**Heartsaver Course for Non-Clinical Staff**

The **BLS** Class will consist of:

* Learning why you, as a provider, are an important part of the Chain of Survival.
* Learning and Practice of BLS Skills, BLS Skills Evaluation, and Written Test.

The Heartsaver **CPR** Class will consist of:

* Learning CPR, relief of choking in adults, children and infants, and AED use for all ages. The use of barrier devices is also covered.

There is a charge of **$30.00** per student for BLS and **$25.00** per student for Heartsaver (except MRC volunteers). Training is free to MRC volunteers.

**\*Checks are payable to Richmond County Health Department\***

For Appropriate Billing: County Nurse Managers, Program Managers, Management Team, please make sure that the accountant for your program receives a copy of the registration forms and payment is forwarded to District Office – Accountant for Richmond County Health Department.



Region VI MRC

1916 North Leg Road

Augusta, GA 30909

Or FAX to: (706) 729-2197

**Pre-Registration in Writing and Payment In Full Is Required.**

Make a copy of your registration for the dates, times, and location.

Please register me for the BLS for Healthcare Providers Class for Nurses and Physicians in 2016:

**( ) Jan 22 ( ) Mar 18 ( ) May 20 ( ) July 22 ( ) Sept 16 ( ) Dec 9**

Please register me for the Heartsaver Class for Non-Clinical Staff in 2016:

**( ) Jan 22 ( ) Mar 18 ( ) May 20 ( ) July 22 ( ) Sept 16 ( ) Dec 9**

I understand that there is a $30.00 charge for BLS and a $25.00 charge for Heart saver. Classes are from 1:00 to 5:00 PM.

on the date indicated and is held in the Region VI Training Room, Building D, 1916 North Leg Road, Augusta, GA.

**Please submit payment with registration to District Accounting Office – Attn: Sheryl Champy**

**Please complete all information below:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | |
| **Home Address:** |  | | | | | |
| **City:** |  | **State:** |  | **Zip:** | |  |
| **Home Phone:** |  | **Work Phone:** |  | **Amount Paid:** | |  |
| **Email:** |  | | **CPR/Heartsaver Exp. Date:** | |  | |
| **Dept – County:** |  | | **Budget:** | |  | |

Rev. 9/22/15/clh