



# Basic Life Support (CPR Certification)

**February 16, 2018**

**May 25, 2018**

**August 17, 2018**

**November 16, 2018**

**9:30 a.m. – 11:30 a.m. or 1:00 p.m. – 3:00 p.m.**

**\$20.00 / person**

**Open to AHCA Members**

*Sponsored by:*



**Includes:**

AHA Healthcare Provider  
Professional (BLS) CPR/AED  
Course Completion Card

**Instructor:**

Jessica Denney, RRT

**For more information, please contact the Association at 501-374-4422 or  
registration@arhealthcare.com.**

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Please Check One:

- February 16, 2018     May 25, 2018  
 August 17, 2018     November 16, 2018  
 9:30 a.m. – 11:30 a.m.     1:00 p.m. – 3:00 p.m.

**\$20.00 / person, AHCA Training Room, Suite 175**

**Open to AHCA Members**

To register, send this completed form to:

Mail: 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 • Fax: 501-374-1077 • Email: [registration@arhealthcare.com](mailto:registration@arhealthcare.com).

The information contained herein, together with all attached documents, will be regarded as property of AHCA.

First Name \_\_\_\_\_ M. \_\_\_\_\_ Last Name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address (Confirmation and class materials will be sent to this address) \_\_\_\_\_

Employer \_\_\_\_\_ Current Title \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License Number (if applicable) \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Attendee's Signature \_\_\_\_\_ Date \_\_\_\_\_

PAYMENT TOTAL: \$ \_\_\_\_\_

Check # \_\_\_\_\_  Visa  Master Card  American Express

Name on Card: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Credit Card Receipt to: \_\_\_\_\_

**SPACE IS LIMITED. ADVANCED REGISTRATION IS REQUIRED.  
PAYMENT DUE BY FIRST DAY OF CLASS.  
CONFIRMATION AND ADDITIONAL INFORMATION WILL BE SENT.**

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