

CPR Course Registration

Healthcare School of Hawaii

INTRODUCTION

CPR courses are held at Healthcare School of Hawaii (HSCH), 98-025 Hekaha St. Suite 4, Bldg 4, Aiea, Hawaii 96701. Healthcare School of Hawaii, LLC is a certified American Heart Association (AHA) Training Center. Courses are conducted by certified instructors in accordance with curriculum and guidelines set forth by the AHA.

Please keep in mind the following rules and regulations as you fill out your application. Class size is limited to six (6) students for all courses, per AHA guidelines.

Cancellation is required at least 24 hours prior to the course date to be eligible for a refund. You may be rescheduled to a future course based on availability. If you do not cancel or reschedule within 24 hours of the course date, a refund may not be issued.

There is a \$15 rescheduling fee. To cancel or reschedule, call (808) 488-9449 or email hschna@gmail.com. To be eligible for a book refund, textbooks must be returned unopened.

I have read and understand the cancellation requirements.

Note: Your registration is not complete until this form and payment have been returned to the HSCH.

REGISTRATION FEES

Fees must be paid at the time of registration. Personal check, cash (exact change preferred) are acceptable forms of payment. Credit or debit cards are also accepted (additional 4% service charge). Please make checks payable to **Natalie Jacob**.

BLS Healthcare Provider Course.....	\$90 (without manual)
HeartCode® BLS - Hands-on Skills Testing...	\$60 (Blended learning is a combination of eLearning (online portion), in which a student completes part of the course in a self-directed manner, followed by a hands-on session (Part 2) at an AHA training center.)
Heartsaver First Aid CPR AED.....	\$90 (with manual)
Heartsaver CPR AED	\$70
Heartsaver First Aid	\$40
Heartsaver Infant/Child Course	\$25

BLS Textbook fee..... \$15 per student for BLS courses. Textbook will be issued at time of registration

APPLICANT INFORMATION

Full Name _____ Date _____

Street Address _____ City _____ State _____

ZIP Code _____ Mobile Phone _____

Email Address _____

Registration for BLS Provider Heartsaver First Aid CPR AED Heartsaver CPR AED Heartsaver First Aid
 Heartsaver Infant/Child

Requested Course Date _____

OFFICIAL USE ONLY

HSCH Staff Taking Information (please print)

Textbook fee received Yes No

Payment amount \$ _____ Cash Check Credit/Debit

Textbooks issued BLS Provider Heartsaver First Aid CPR AED