July – December **CPR COURSE SCHEDULE (2017)**
(SEE OTHER SIDE FOR DESCRIPTION OF COURSES AND REQUIREMENTS)

<table>
<thead>
<tr>
<th>COURSE DESCRIPTIONS AND REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPR</strong></td>
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</tbody>
</table>

**Health Care Provider:** The **Health Care Provider** Course is designed to teach the skills of CPR for victims of all ages (including ventilation with barrier device, bag-mask device and oxygen); use of an **Automated External Defibrillator** (AED); relief of **Foreign Body Airway Obstruction** (FBAO). It is intended for participants who provide health care to patients in a wide variety of settings, including in-hospital and out-of-hospital. For certified or non-certified, licensed or non-licensed health care professionals.

**Audience:** **Health Care Providers** - Physicians, Physician Assistants, Nurse Practitioners, Nurses, Respiratory Therapists, EMS personnel

**Requirements:** NONE
**Health Care Provider Re-certification:** The Health Care Provider Re-certification Course reviews all the material from the Health Care Provider Course.

**Requirements:** Valid Health Care Provider Card.

*NOTE: Students who present an expired Provider card or do not possess a Provider may challenge a renewal course but may not be given the option of remediation. They will need to repeat the entire Provider Course (at their own expense) if they cannot successfully meet the course completion requirements when evaluated.*

**CPR Renewal Online:** Designed for Healthcare Providers who have had prior CPR Training and need re-certification. The course contains a series of online modules that cover required adult, child and infant CPR sequences: 12 Check points that must be completed / 20 review sections and 19 videos that are optional. Upon completion you will receive a BLS/HCP Certification card.

**HEARTSAVER: HEARTSAVER AED**

**Adult/Child Heartsaver AED:** The Heartsaver AED course teaches the basic techniques of adult and child CPR and use of an Automated External Defibrillator (AED). Students also learn about using barrier devices in CPR and giving first aid for choking. The course teaches how to recognize the 4 signs of major emergencies, heart attack, stroke, cardiac arrest, and foreign-body airway obstruction.

**Audience: Lay Persons** - Personal Fitness Trainers, Childcare workers, Parents, Grandparents, Teachers, Employees of interested businesses or organizations

*(Please fill out the attached Registration Form)*
REGISTRATION FORM

The A.H.A. Instructor to Student Ratio must be maintained. Pre-Registration is strongly recommended to ensure confirmation of your participation.

IMPORTANT! PLEASE READ, CANCELLATION AND RESCHEDULING POLICY

Rescheduling:
All requests to reschedule must be made at least 7 DAYS prior to the date of the course. Rescheduling is subject to availability. Only one rescheduling will be allowed. Should you not attend a rescheduled course no refund will be permitted. Rescheduled courses must be completed within one year of the originally scheduled course.

Cancellation:
All requests for cancellation must be made 7 DAYS prior to the date of the course to receive a refund. Cancellations after that will not be eligible for refunds.

If the need arises to cancel or reschedule within 7 days of the course you may contact the Training Division and substitute another student for the course. Only 1 substitution per course per student will be allowed.

Lateness:
Students arriving late will be considered a no show and will not be eligible for a refund or to reschedule.

Refunds:
All refunds are subject to a 10% administrative processing fee. Books must be returned in original wrapping or book price will be deducted from the refund as well.

Name: ________________________________ Address: _____________________________________________
Phone # _______________________________ E- Mail Address ______________________________________
Hospital (Affiliation / Department)____________________________________________________________
Attending / Fellow / Resident / Register Nurse / Other _____________________________________________
Circle Name of Course: CPR (HCP) / CPR Heartsaver / BLS Skills Session / ACLS / PALS (CLASS or Skills Session)
I will attend the extra 1 hour Heart Saver AED INFANT CPR at no additional cost_________________________
Date(s) of Course: __________________________________________________________________________
I have read and agree to the policy stated above (Signature) ________________________________

Please provide a Check or Money Order payable to “NYU School of Medicine”
Credit Card or Departmental IOI’s Accepted

The American Heart Association strongly promotes knowledge and proficiency in BCLS, ACLS and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by The American Heart Association; any fees charged for such a class do not represent income to the association.

OFFICE USE ONLY: Credit Card / Check / Money Order # __________ / Departmental (IOI) __________ Amount ________