

BLS PROVIDER

This form and classes are for employees whose job requires this certification.

REQUIREMENTS

- 1. Send the following items to:** PHCS Community Education, 731 Alexander Road, Suite 103, Princeton, NJ 08540
 Completed employee registration form.
 \$25 check. This fee is required to reserve your seat but WILL BE REFUNDED if you attend the class or cancel within 24 hours.
- 2. Obtain a copy of the 2015 BLS HP Book required by AHA**
 Purchase for \$20. Provide a separate check. Pick up book at above address, (Mon. - Fri., 9am - 4pm), before your class date.
 Borrow. A copy can be borrowed from Nursing Administration.

Checks are payable to Princeton HealthCare System

IMPORTANT INFO

- Participants who are more than 15 minutes late will need to reschedule for another BLS Provider course held by PHCS.
- Participants must postpone CPR training if you are known to be in the active stages of an infectious disease, have reason to believe you were exposed to an infectious disease, or have dermatologic lesions on your hands, mouth or circumoral area.

SCHEDULE

- 3. Choose a class:**

Princeton Fitness & Wellness Center, 1225 State Road, Princeton, NJ 08540

- TUE. Jan 17 (9a - 1:30p)
 WED. Apr 26 (6 - 10:30p)
 WED. Jun 28 (6 - 10:30p)
 TUE. Sep 26 (9a - 1:30p)
 WED. Feb 22 (6 - 10:30p)
 TUE. May 30 (9a - 1:30p)
 WED. Aug 23 (6 - 10:30p)
 WED. Oct 25 (6 - 10:30p)
 TUE. Nov 28 (9a - 1:30p)

Community Education & Outreach at 731 Alexander Road, Suite 103, Princeton, NJ 08540

- WED. Jan 25 (6 - 10:30p)
 WED. Apr 12 (9a - 1:30p)
 TUE. Jul 25 (9a - 1:30p)
 TUE. Mar 7 (6 - 10:30p)
 WED. Jul 12 (6 - 10:30p)
 THU. Nov 2 (6 - 10:30p)
 TUE. Dec 5 (9a - 1:30p)

Hamilton Area YMCA John K. Rafferty Branch, 1315 Whitehorse Mercerville Road, Hamilton, NJ 08619

- MON. Feb 13 (9a - 1:30p)
 MON. May 8 (6 - 10:30p)
 TUE. Sep 12 (6 - 10:30p)
 THU. Mar 16 (9a - 1:30p)
 MON. Aug 7 (9a - 1:30p)
 MON. Dec 11 (6 - 10:30p)

South Brunswick Wellness Center, 540 Ridge Road, Monmouth Junction, NJ 08852

- FRI. Jun 9 (9a - 1:30p)
 FRI. Oct 13 (9a - 1:30p)

REGISTRATION INFORMATION

- 4. Complete all fields below:**

NAME: _____ EXTENSION: _____

DEPARTMENT : _____ UNIT: _____

HOME ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

SIGNATURE: _____ DATE: _____

CONTACT US

1.888.897.8979 | communityeducation@princetonhcs.org | www.princetonhcs.org