

# HEARTSAVER®

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 Heartsaver Book required by AHA**  
 **Purchase for \$15.** 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 class type and date:**

	<b>PRINCETON</b> Community Education 731 Alexander Rd, Suite 103	<b>HAMILTON</b> Hamilton Area YMCA 1315 Whitehorse Mercerville Rd	<b>MONMOUTH JUNCTION</b> South Brunswick Wellness Center, 540 Ridge Road
<b>Heartsaver® CPR AED</b>	<input type="checkbox"/> WED. Feb 15 (6 - 10p) <input type="checkbox"/> SAT. Jun 10 (9:30a - 12:30p) <input type="checkbox"/> SAT. Sep 16 (9:30a - 12:30p)	<input type="checkbox"/> SAT. Feb 25 (9:30a - 12:30p) <input type="checkbox"/> WED. Nov 15 (6 - 10p)	
<b>Heartsaver® First Aid</b>	<input type="checkbox"/> THU. Feb 16 (6 - 10p) <input type="checkbox"/> SAT. Sep 9 (9a - 1p)	<input type="checkbox"/> WED. Apr 26 (9a - 1p) <input type="checkbox"/> WED. Nov 8 (6 - 10p)	<input type="checkbox"/> TUE. Jun 20 (10a - 1p)
<b>Heartsaver® First Aid CPR AED</b>	<input type="checkbox"/> SAT. Mar 4 (9a - 5p) <input type="checkbox"/> SAT. Oct 14 (9a - 5p)	<input type="checkbox"/> SAT. Jan 21 (9a - 5p) <input type="checkbox"/> FRI. Jul 7 (9a - 5p)	<input type="checkbox"/> WED. May 24 (9a - 5p)

## 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