

This form is effective as of 04/01/2023

FLORIDA SOUTHWESTERN STATE COLLEGE

Cashier Office
Please Deposit in CEEMS

Scan Confirmation to
AHA@FSW.edu

School of Health Professions Corporate Training and Simulation

PLEASE TAKE THIS FORM AND PAYMENT TO CASHIERS OFFICE

Last Name: _____ First Name: _____ Banner ID:@ _____

Phone: _____ Email Address: _____

Program: _____

Date you are registering for? ____/____/____

What course will you be taking?

<input type="checkbox"/> Basic Life Support (BLS/AED)	(\$60)	<input type="checkbox"/> ACLS/BLS/COMB	(\$185)
<input type="checkbox"/> Heartsaver CPR /AED/First Aid	(\$80)	<input type="checkbox"/> ASLS/Stroke	(\$160)
<input type="checkbox"/> PALS	(\$125)		
<input type="checkbox"/> ACLS	(\$125)		
<input type="checkbox"/> Stop the Bleed	(\$35)		

You will not be permitted into class if:

- ❖ You fail to enroll in the associated AHA class Canvas course
- ❖ You fail to present your ID or student ID
- ❖ You fail to present a paid receipt from the Bursar's office/cashier
- ❖ You fail to present your current AHA BLS Card for ACLS and PALS
- ❖ You fail to present your current ACLS/PALS card for Renewal classes
- ❖ You fail to bring a copy of your pre-course self-assessment with a minimum passing score of 80% (ACLS /PALS courses for Skills Test)
- ❖ You arrive late to class

No Refunds will be given if:

- ❖ If you fail to cancel this registration at least 72 hours prior to class
- ❖ If you fail to attend the class or show up late

I have read the above Information and Refund Policy for this class and agree to the Terms and Conditions.

Signature: _____ Date: _____

**If you have any questions about AHA courses or this program, please contact:
Frank Vilchez or William Pappas at AHA@FSW.edu or 239-985-8385 x11885**