

This form is effective as of 0 /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

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

OFFICE

Phone: _____ Email Address: _____

Program: _____

Date you are registering for?(Please input first day of class) ____/____/____

What course will you be taking?

<input type="checkbox"/> Basic Life Support (BLS/AED)	(\$60)	<input type="checkbox"/> ACLS/BLS/COMB	(\$160)
<input type="checkbox"/> Heartsaver CPR /AED/First Aid	(\$80)	<input type="checkbox"/> ASLS/Stroke	(\$160)
<input type="checkbox"/> PALS	(\$75)		
<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**