

**BASIC LIFE SUPPORT INSTRUCTOR COURSE
LCMH EDUCATION DEPARTMENT**

2615 Enterprise Boulevard, Suite B, Lake Charles, LA 70601

8:30 – 8:35	Welcome, Introduction & Course Overview	11:05 – 11:45	BLS Provider Course: Lessons 11-12
8:35 - 8:50	AHA Introduction	11:45 – 12:00	BLS Provider Course: HeartCode BLS
8:50 - 9:10	AHA Instructor Resources	12:00 – 12:05	BLS Conclusion
9:10 - 9:25	BLS Provider Course Preparation	12:05 – 12:45	Lunch
9:25 - 9:40	BLS Provider Course Overview	12:45 - 13:00	Heartsaver Course Overview
9:40 - 10:00	BLS Provider Course: Lesson 2-5	13:00 – 13:40	Heartsaver Portfolio
10:00 – 10:10	Break	13:40 - 13:55	Heartsaver Testing
10:10- 10:50	BLS Provider Course: Lessons 6 & 6A	13:55 - 14:10	Heartsaver Blended Course
10:50 – 11:05	BLS Provider Course: Lessons 7-10	14:10 - 15:00	Course Conclusion & Exam

Registration:

Fee: \$300.00. Instructor Manuals are included in fee. *Use of American Heart Association materials in this course does not represent course sponsorship by the American Heart Association. Any fees charged for this course, except for a portion of fees needed for AHA materials; do not represent income to the Association. LCMH employees need to have your manager notify the Education Department if you are to be paid to attend.*

Applications must include a recommendation by either the person who taught your provider course or the course director. All applicants need to have a current Provider Card. The BLS Instructor Essentials will be emailed by the Education Department and completed by the Instructor Candidate prior to the Instructor course. Instructor materials may be picked up in the Education Department. As an AHA instructor, candidates agree to teach at least 4 courses in 2 years in accordance with the guidelines of the American Heart Association. Courses are limited to 6 students per course. The Education Department is located at 2615 Enterprise Boulevard, Lake Charles, LA 70601

Please circle date to attend: January 22, 2024 May 23, 2024 August 31, 2024 November 7, 2024

CPR INSTRUCTOR COURSE - REGISTRATION FORM			
Name _____	Institution/Title _____		
Work Address _____	State _____	Zip Code _____	
Home Address _____	State _____	Zip Code _____	
Email _____		Make check payable to: LCMH Education	
Phone (H) _____ (W) _____		Send or Mail to: LCMH Education Department –Training Center 1701 Oak Park Boulevard Lake Charles, LA 70601	