

CPR/AED OR FIRST AID CERTIFICATION

INFORMATION

American Heart Association Course Completion Card is valid for 2 years upon successful completion of course.
Basic Life Support (BLS) for Healthcare Providers//CPR + AED Certification Course
 Learn to recognize life-threatening emergencies, provide CPR, use an AED + relieve choking safely + effectively.
OR Heartsaver® First Aid Certification Course
 Learn how to treat bleeding, sprains, broken bones, shock + other first aid emergencies.
 Note: BLS for Healthcare Providers + Heartsaver® First Aid are two separate courses + certifications.

ELIGIBILITY

Open to all Texas Medical Center Faculty, Staff, Residents, Students + Spouses
 4 Participant Minimum, 15 Participant Maximum (Minimum must be met 1—week prior to class.)

ENTRY FEE

\$30—UTHealth Students
 \$35—Current Rec Center Members
 \$40—All Other Texas Medical Center Institutions

DATES + TIMES

Heartsaver® First Aid is the 2nd Tuesday of Every Month from 12:00—2:30PM
 BLS for Healthcare Providers is the 3rd Tuesday of Every Month from 12:00—2:30PM
 Arrangements for large groups may be accommodated with advance notice, when possible.

FALL 2017 SCHEDULE

	9/12	10/10	11/14	12/12
HEARTSAVER® FIRST AID				
BLS FOR HEALTHCARE PROVIDERS//CPR + AED				

LOCATION

UTHealth Auxiliary Enterprises—Recreation Center Classroom A at 7779 Knight Road

REGISTRATION

Enrollment is open for any of the courses. 4 participant minimum must be met 1—week prior to the course.
To register, bring Registration Form + payment (Cash or check only—no debit/credit cards accepted!) to:
 Rec Center Front Desk—Weekdays: 5:30AM—10PM, Saturday: 8AM—8PM + Sunday: 10AM—8PM

QUESTIONS?



Contact Corey Jefferson Wellness Coordinator
 corey.jefferson@uth.tmc.edu or 713-500-8427
www.uth.edu/recreation-center

PARTICIPANT INFORMATION

NAME	_____ BLS FOR HEALTHCARE PROVIDERS _____ HEARTSAVER® FIRST AID
E-MAIL	PHONE #
TMC INSTITUTION	DEPARTMENT/SCHOOL

ASSUMPTION OF RISK AND RELEASE WAIVER

I, _____, have volunteered to participate in the AHA CERTIFICATION COURSE activity at The University of Texas Health Science Center at Houston (UTHealth) Recreation Center. I realize that such exercise, in some circumstances, elicit certain complications such as abnormal blood pressure, dizziness or fainting, irregular heart rhythms and, in some instances, heart attack or stroke. I accept the risks associated with such exercise and understand that I may cease participation at any time and for any reason, including feelings of fatigue or any other discomfort or concern. I further understand that, in connection with participation in this activity, it is my responsibility to disclose all relevant information regarding my health status and any previous experiences of unusual responses, symptoms, complications or other issues due to physical effort. I also understand the importance of my promptly reporting any concerns or discomfort I may experience with effort during exercise. I hereby release and hold harmless UTHealth, The University of Texas System, and their regents, officers, employees and representatives from liability for injury or death or damage to property that may result from my participation in this activity. I have read this form and understand the procedures and risks involved and consent to participating in the AHA CERTIFICATION COURSE. Any questions I have regarding these procedures have been answered to my satisfaction. By signature below, I consent agree to all terms of this Informed Consent as set forth above.

PARTICIPANT'S SIGNATURE	DATE
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FRONT DESK STAFF DIRECTIONS

Enroll in CSI Program Registration, take payment, ensure Registration Form is complete + put in binder for WELLNESS.