

# CPR/AED CERTIFICATION

## NEW INFORMATION

### HeartCode Basic Life Support for Healthcare Professionals — CPR + AED Certification Course

Learn to recognize life-threatening emergencies, provide CPR, use an AED + relieve choking safely + effectively.  
*American Heart Association Course Completion Card is valid for 2 years upon successful completion of course.*

## ELIGIBILITY

Open to all Texas Medical Center Faculty, Staff, Residents, Students + Spouses  
3 Participant Minimum, 6 Participant Maximum (Minimum must be met 1—week prior to class.)

## NEW 3-STEP PROCESS

Blended learning combination of self-directed eLearning (online portion) followed by a hands-on session.

1. Visit <https://shopcpr.heart.org/heartcode-bls> to purchase + complete online training portion.
2. Bring printed completed eLearning certificate to enroll for required hands-on session, sold separately.  
The eLearning certificate **MUST BE SUBMITTED** at time of hands-on registration. No exceptions!
3. Attend scheduled hands-on session. Spots are limited!

\*Once both sessions are completed, participant will receive a digital course completion card.

## COST

<b>Online Portion</b>	Paid Directly to American Heart Association	\$28.50 + Tax
<b>Hands—On Session</b>	Paid Directly to Rec Center (Cash/check only, no debit/credit cards.)	\$20—UTHealth Students \$25—Current Rec Center Members \$30—All Other Texas Medical Center Institutions

## CLASS TIMES

12:00—1:00PM. If class is at max (6) another class will begin at 1:15 and another at 2:30PM, if needed.

## SPRING 2020 SCHEDULE [3RD TUESDAY OF EVERY MONTH]

<b>HeartCode BLS for Healthcare Professionals</b>	3/17	4/21	5/19	For groups of 3—6, contact Corey to schedule an additional class.
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## LOCATION

UTHealth Auxiliary Enterprises—Recreation Center Classroom A at 1832 West Road

## REGISTRATION

Enrollment is open for any of the courses. 3 participant minimum must be met 1—week prior to the course.  
Bring Registration Form, completed eLearning certificate + payment (cash/check only—no debit/credit cards) 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](http://www.uth.edu/recreation-center)

## PARTICIPANT INFORMATION

<b>NAME</b>	_____ <b>PRINTED E-LEARNING CERTIFICATE PROVIDED</b>
<b>E-MAIL</b>	<b>PHONE #</b>
<b>TMC INSTITUTION</b>	<b>DEPARTMENT/SCHOOL</b>

## 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**

## FRONT DESK STAFF DIRECTIONS

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