



**PennState**  
Fayette, The Eberly Campus

# CPR Training

American Heart Association BLS Provider

Eberly Building, Room 103

Saturday Sessions

9:00 a.m. to 1:00 p.m.

Course fee: \$70

**Please check date you will be attending below:**

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> January 29  | <input type="checkbox"/> May 21  |
| <input type="checkbox"/> February 26 | <input type="checkbox"/> June 4  |
| <input type="checkbox"/> March 19    | <input type="checkbox"/> June 18 |
| <input type="checkbox"/> April 30    | <input type="checkbox"/> June 25 |

**Register online [fayette.psu.edu/ce](http://fayette.psu.edu/ce)**

**or fill out form below**

Phone: 724-430-4227

Fax: 724-430-4208

Email: [rus57@psu.edu](mailto:rus57@psu.edu)



American Heart Association Basic Life Support for Healthcare Providers training reinforces healthcare professionals' understanding of the importance of early CPR and defibrillation, basic steps of performing CPR, relieving choking, using an AED, and the role of each link in the Chain of Survival. Skill performance includes adult, child, and infant patients, as well as 2-rescuer CPR, AED use, and use of a bag-mask for ventilation.

\*Students must successfully complete both skills and written examinations for certification.

\*This course meets occupational requirements for health care providers in various fields.

**You do not need to be in the medical field to participate in this course.**

\*Required information

\*Please provide all information as it appears on your government-issued ID

\_\_\_\_\_  
\*Last Name                                      \*First Name                                      Middle Name                                      \*Date of Birth (month/day/year)

\_\_\_\_\_  
\*Street Address                                      \*City                                      \*State                                      \*ZIP code

\_\_\_\_\_  
\*Phone Number                                      PSU ID#                                      \*Personal (non-PSU) Email

\_\_\_\_\_  
Company Name (if company is responsible for payment)                                      Company Point of Contact Name

\_\_\_\_\_  
Street Address                                      City                                      State                                      ZIP Code

\_\_\_\_\_  
Phone Number                                      Email Address

## Course Fee: see above

☐ Enclosed is my check or money order for \$ \_\_\_\_\_. Make payable to Penn State University

☐ Charge \$ \_\_\_\_\_ to my VISA/Master Card \_\_\_\_\_

\_\_\_\_\_  
\*Cardholder's Name

\_\_\_\_\_  
\*Cardholder's Signature

\_\_\_\_\_  
\*Cardholder's Phone #

\_\_\_\_\_  
\*Card Number

\_\_\_\_\_  
\*Card Expiration Date

\*Credit Card information may be called in, mailed, or faxed DO NOT EMAIL

### Send Registration to:

Penn State Fayette, The Eberly Campus  
Center for Community and Public Safety/EMS  
2201 University Drive  
Lemont Furnace, PA 15456

### University Park contact information:

Penn State Non Credit Registration Office  
Box 410  
State College, PA 16804  
Phone: 814-867-4973  
Fax: 814-863-2765



Course abbreviation and number \_\_\_\_\_ Cost center \_\_\_\_\_  
Fund number \_\_\_\_\_ Internal Order number \_\_\_\_\_  
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