



HEALTH CARE PROVIDER BASIC LIFE SUPPORT (BLS)

In-person or Online + Appointment Courses 2023

[REGISTER ONLINE](#)

DESCRIPTION

The Healthcare Provider BLS course is designed for health care professionals who wish to perform the skills of basic life support, which include knowledge of the AHA Chain of Survival; one and two man CPR for the adult, child and infant; response to choking (both conscious and unconscious) in the adult, child, and infant; airway management techniques; and use of the AED. Successful completion includes passing written exam (score 84 and above) at the start of class and skills testing throughout.

TARGET AUDIENCE

RN, LPN, CNA, CMA, MD/DO, Dental Staff, Pharmacists, EMT/EMS/Paramedic, and all other health care providers.

OBJECTIVES

Upon completion of this program, participants will be able to:

- Name the links in the American Heart Association (AHA) adult Chain of Survival and state the importance of each link
- Name the major science updates in the 2020 AHA Guidelines for CPR and ECC
- State and demonstrate the basic steps of CPR for adults
- Demonstrate how to perform 2-rescuer team CPR
- Demonstrate the use of an AED
- Discuss and demonstrate the basic steps of CPR for children and infants
- Demonstrate how to relieve choking in responsive and unresponsive victims 1 year of age and older

PROVIDED BY



American
Heart
Association®

SPONSORED BY



AHA strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the AHA.

HAVE A QUESTION?



Special Services

828-257-4778

Program Planner

Tonja Schroder, MSN, RN, CPN

828-771-4225 | tonja.schroder@mahec.net

Registration Phone

828-257-4475

Email

registration@mahec.net

Registration Fax

828-257-4768

Mail

MAHEC Registration
121 Hendersonville Road
Asheville, NC 28803

Online Registration

www.mahec.net/cpd

MAHEC assumes permission to use audio, video, and still images from this program for promotional and educational purposes. Please speak with a staff member if you have any concerns.



MAHECEd



MAHECwnc



mahec.education

IN-PERSON ONLY

Content	» Chain of Survival, BLS/CPR for Adults » AED, BLS/CPR for Children & Infants » Relief of Choking » Practice and Testing » Q&A and Evaluation
Location	MAHEC Simulation Center 121 Hendersonville Road Asheville, NC 28803

MORNING SESSIONS

Check-in	7:30 am–8:00 am
Program	8:00 am–10:00 am
Dates	Monday, February 6, 2023 Monday, March 6, 2023 Monday, April 3, 2023 Monday, May 1, 2023 Monday, June 5, 2023 Monday, July 3, 2023 Monday, August 7, 2023 Monday, September 11, 2023 Monday October 2, 2023 Monday, November 6, 2023 Monday, December 4, 2023

AFTERNOON SESSIONS

Check-in	2:30 pm–3:00 pm
Program	3:00 pm–5:00 pm
Dates	Thursday, January 19, 2023 Thursday, February 16, 2023 Thursday, March 16, 2023 Thursday, April 20, 2023 Thursday, June 15, 2023 Thursday, July 20, 2023 Thursday, August 17, 2023 Thursday, September 21, 2023 Thursday, October 19, 2023 Thursday, November 16, 2023 Thursday, December 21, 2023

ONLINE + IN-PERSON

ONLINE PORTION*

Content	Part 1: Instruction Note: AHA ACLS Provider Manuals are available through the AHA website or Amazon
Location	HeartCode BLS Online
Duration	Approximately 1–2 hours
Fee	\$34.00 payable to AHA

**Please print your certificate of completion and bring it with you to your appointment.*

IN-PERSON PORTION

Content	Part 2: Skills Practice Part 3: Testing
Location	MAHEC Simulation Center 121 Hendersonville Road Asheville, NC 28803
Fee	\$35.00 payable to MAHEC (free for MAHEC employees)

**Please bring your certificate of completion to your selected appointment time.*

REGISTER ONLINE

CREDIT OFFERINGS

Continuing Medical Education

Accreditation: Mountain Area Health Education Center (MAHEC) is accredited by the North Carolina Medical Society (NCMS) to provide continuing medical education for physicians.

Credit Designation: MAHEC designates this live activity for a maximum of **2.0 AMA PRA Category 1 Credit(s)**[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Disclosure Statement: MAHEC adheres to the ACCME Standards regarding industry support to continuing medical education. Disclosure of faculty and commercial support relationships, if any, will be made known at the time of the activity.

Physician Assistants: AAPA accepts certificate of participation for educational activities certified for AMA

PRA Category 1 Credits[™] from organizations accredited by ACCME or a recognized state medical society. Physician Assistants may receive a maximum of **2.0 hours** of Category 1 credit for completing this program.

2 Nursing Contact Hours

Mountain Area Health Education Center (MAHEC) is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Participants must attend 80% of the activity to receive credit.

CEUs: MAHEC designates this live continuing education activity as meeting the criteria for **0.2 CEUs** as established by the National Task Force on the Continuing Education Unit.

Contact Hours: MAHEC designates this live continuing education activity as meeting the criteria for **2.0 contact hours**.

REGISTRATION

Event fees include administrative costs and educational materials. If your registration is received after the early registration deadline, the total fee will be the registration fee + \$15.00.

MAHEC has a pay-up-front policy for all CE programs. The only exceptions will be for pre-approved programs where an individual payment plan is appropriate. Registrations that are received without accompanying payment will not be processed and participants who have not paid the course fee will not be admitted into the program.

Unless otherwise noted in course materials, the following cancellation policy applies to all programs:

- Cancellations must be in writing (via fax, email, or mail)
- Cancellations received more than 2 weeks prior to the event will receive 100% refund
- Cancellations received between two weeks and two full business days prior to the first day of the event are refunded at 70% of the registration fee subject to a minimum \$25 cancellation fee
- No refunds or credits will be given for cancellations received less than two full business days prior to the event
- No vouchers will be issued in lieu of a refund
- Transfers/substitute(s) are welcome (please notify us in advance of the program)

DIRECTIONS

MAHEC Mary C. Nesbitt Biltmore Campus
121 Hendersonville Road, Asheville, NC 28803

From I-40 E: Take Exit 50 and turn left onto Hendersonville Road.

From I-40 W: Take Exit 50B and merge onto Hendersonville Road.

At the first light, turn left into the DoubleTree Hotel complex. Turn left (away from the hotel). You will see a steep driveway on your right. Turn right and go up that driveway to the MAHEC Biltmore Campus.

From 19-23 (I-26):

Take 240 East to Exit 5B (Charlotte Street). Exit right onto Charlotte Street. At the 4th light, make a left onto Biltmore Avenue. Proceed through 8 traffic lights. At the 9th light, turn right into the DoubleTree Hotel complex. Turn left (away from the hotel). You will see a steep driveway on your right. Turn right and go up that driveway to the MAHEC Biltmore Campus.

SIMULATION CENTER

To access the MAHEC Simulation Center, go through the courtyard in between Ob/Gyn and the Education Building, then proceed down the steps at the back. The Simulation Center will be directly to the left. Please enter through the main front doors.

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REGISTRATION FORM

☐ Updated contact information Event #68620

Name _____

Credentials _____

PIN # _____ (4 digits of your choosing that you will use each time you register)

Occupation _____

Email Address _____

Program announcements will be sent to your email unless you opt out from receiving MAHEC emails. We never share our mailing lists.

☐ Please remove me from the MAHEC mailing list

Home Address _____

City _____ State _____ ZIP _____

Home County _____

Home # _____ Work # _____

Employer _____

Department _____

Employer's Address _____

City _____ State _____ ZIP _____

Work County _____

Send completed registration to: MAHEC Registration
121 Hendersonville Road, Asheville, NC 28803

Fax completed registration to: 828-257-4768

 MAHECEd  MAHECwnc  mahec.education

SELECT WHICH DATE YOU PLAN TO ATTEND:

Morning Sessions

- | | |
|---|---|
| <input type="checkbox"/> February 6, 2023 | <input type="checkbox"/> August 7, 2023 |
| <input type="checkbox"/> March 6, 2023 | <input type="checkbox"/> September 11, 2023 |
| <input type="checkbox"/> April 3, 2023 | <input type="checkbox"/> October 2, 2023 |
| <input type="checkbox"/> May 1, 2023 | <input type="checkbox"/> November 6, 2023 |
| <input type="checkbox"/> June 5, 2023 | <input type="checkbox"/> December 4, 2023 |
| <input type="checkbox"/> July 3, 2023 | |

Afternoon Sessions

- | | |
|--|---|
| <input type="checkbox"/> January 19, 2023 | <input type="checkbox"/> August 17, 2023 |
| <input type="checkbox"/> February 16, 2023 | <input type="checkbox"/> September 21, 2023 |
| <input type="checkbox"/> March 16, 2023 | <input type="checkbox"/> October 19, 2023 |
| <input type="checkbox"/> April 20, 2023 | <input type="checkbox"/> November 16, 2023 |
| <input type="checkbox"/> June 15, 2023 | <input type="checkbox"/> December 21, 2023 |
| <input type="checkbox"/> July 20, 2023 | |

General Registration Fee

- ☐ \$65.00 ☐ \$80.00 if within 7 days of program

MAHEC Employee Registration Fee

- ☐ FREE with code: _____

Full payment must accompany all submitted registrations unless a payment plan has been approved in advance. Registrations received without accompanying payment will not be processed.

- ☐ Check is enclosed ☐ Credit card information below
☐ Visa ☐ MasterCard ☐ Discover Card ☐ AmEx

Account # _____

Expiration Month/Year _____ / _____

Verification Code _____ (3 or 4-digit number)

Name on Card _____

Signature _____