

**INSTRUCTOR CLASS REGISTRATION FORM**  
**DUE ONE WEEK PRIOR TO CLASS**  
**THIS SECTION TO BE COMPLETED BY ALL APPLICANTS**

CLASS NAME: \_\_\_\_\_ DATE(S) OF CLASS: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

NOTE: I will need a copy of a current AHA Provider card in the discipline you are seeking Instructor certification.

**THIS SECTION TO BE COMPLETED BY GUTHRIE EMPLOYEES**  
**WHEN YOUR EMPLOYER IS AUTHORIZING YOU TO ATTEND THIS PROGRAM**

ENTITY: \_\_\_\_\_ Department name: \_\_\_\_\_ 8 DIGIT DEPT. #: \_\_\_\_\_  
(RPH, GCL-SAYRE, TROY, CORNING,  
GCL-WYALUSING, ETC) Do you have privileges at RPH (admitting, consulting, etc): yes no (circle one)

By signing below, you are sponsoring the individual to take the class and the department will cover any associated costs of the class (RPH employees and those with privileges @ RPH are no charge); your department will provide a course providers manual to the individual to bring to class or advise them if they need to purchase their own; your department will cover any no show fees if the individual does not show for class without cancelling prior to the start of class.

Director/Manager Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Fax form to Bethany Altieri at 570-887-6053**

**THIS SECTION TO BE COMPLETED BY ALL SELF-PAY INDIVIDUALS**

Check ALL that apply:

- \$300 ACLS INSTRUCTOR CLASS (CLASSROOM – all expenses included)  
 \$300 PALS INSTRUCTOR CLASS (CLASSROOM – all expenses included)  
 \$250 BLS INSTRUCTOR CLASS (CLASSROOM – all expenses included)  
 \$150 HEARTSAVER INSTRUCTOR CLASS (CLASSROOM – all expenses included)

FORM OF PAYMENT:  Check # \_\_\_\_\_

Money Order # \_\_\_\_\_

Credit Card

Amount Enclosed: \_\_\_\_\_

Make check/Money order payable to: **Robert Packer Hospital**

Credit Card/Debit Card with Visa/Master card logo only **Type:** Master Card or Visa (please circle)

Credit Card # \_\_\_\_\_ Exp. Date: (MM/YY) \_\_\_\_\_

3-digit security code on back of card: \_\_\_\_\_

(Signature required for all card Payments) Signature: \_\_\_\_\_

**Mail to: AHA at RPH, c/o Bethany Altieri; Dept. # 795, One Guthrie Square, Sayre, PA 18840**

**NOTE: AHA  
REQUIRES THAT  
STUDENTS HAVE  
CURRENT TEXT  
BOOKS WHEN  
ATTENDING ALL  
CLASSES.**

**2015 GUIDELINES**

The American Heart Association 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.