



Course Registration

PLEASE TYPE

Course Start Date: **February 22, 2026**

Course Location: **Acorn to Oak Pediatrics – 1025 Hwy 80, Haughton, LA 71037**

INSTRUCTOR CANDIDATE INFORMATION

COURS HEARTSAVER BLS PALS ACLS

INITIAL CERTIFICATION RENEWAL

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL _____

EMPLOYER _____

PROFESSIONAL LICENSE _____

CONSENT FOR SMS MESSAGING _____ ADD TO MAILING LIST _____

PAYMENT REQUIRED AT TIME OF REGISTRATION

- **100% refund up to 30 days from course date.**
- **50% refund up to 7 days from course date.**
- **If a student withdraws from the course within 7 days of the start date, the course fee shall be forfeited.**
- **\$20 service fee for all refunds.**

INITIAL _____

Payment Received: _____