



CPR/FIRST AID TRAINING REQUEST

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First Name*: _____ Last Name*: _____

Organization: _____ Phone Number(s)*: _____

Email*: _____ Group Size _____ Age Range _____

Type of Class Requested*: _____ Individual _____ Group* -- Name, Email & Phone# of students listed on Back

Course Requested*: _____ Healthcare Provider CPR, Stop the Bleed, & First Aid (Course HRSV-BLS) - \$45
 _____ Non-HCP CPR, Stop the Bleed & First Aid (Course HBL-2003DC) - \$45
 _____ CPR Only - \$35 _____ First-Aid Only - \$25 _____ Stop the Bleed Kit - \$65

*denotes required field

When the course is paid, you will be emailed a link from Info@HSI.com for the classroom portion of the course and this portion can be taken at the individual's convenience. **Check your Spam or Junk folder if you do not see the email in your inbox.** The "on-line" portion must be completed before attending the in person hands-on Skill Program. The Skills Program will be an in-person, with an instructor, on a pre-scheduled date and time. (1st Saturday of the Month 9am, unless it falls on a Holiday, then it will be the following Saturday.)

Description of special request needs* (hearing impaired, Spanish speaking, etc):

Note: The Heber-Overgaard Fire District may utilize On-Duty Personnel that have the primary responsibility of Emergency Response for the District. The District, due to emergency response requirements, may have to postpone, reschedule, or cancel the training at any time.

Return, Mail or Email Completed Form To:

Heber-Overgaard Fire District
 Division of Public Education
 2061 Lumber Valley Rd
 PO Box 1010
 Overgaard, AZ 85933

FAX: (928) 535-3175 Email: INFO@HOFDAZ.com

Please allow two weeks prior to event/request for proper scheduling,

FIRE DISTRICT USE ONLY		INITIAL	DATE
RECEIVED BY	_____	_____	_____
REVIEWED BY	_____	_____	_____
APPROVED	DENIED		
ASSIGNED TO: SHIFT	A B C	CAPTAIN	_____
DATE ENTERED ON CALENDAR	_____	_____	_____
COPY OF EVENT TO CHIEF	_____	_____	_____
REQUESTER NOTIFIED	_____	_____	_____

