

**BASIC LIFE SUPPORT INSTRUCTOR COURSE
LCMH PROFESSIONAL DEVELOPMENT DEPARTMENT**

2615 Enterprise Boulevard, Suite B, Lake Charles, LA 70601

8:30 – 8:35	Welcome, Introduction & Course Overview	11:05 – 11:45	BLS Provider Course: Lessons 11-12
8:35 - 8:50	AHA Introduction	11:45 – 12:00	BLS Provider Course: HeartCode BLS
8:50 - 9:10	AHA Instructor Resources	12:00 – 12:05	BLS Conclusion
9:10 - 9:25	BLS Provider Course Preparation	12:05 – 12:45	Lunch
9:25 - 9:40	BLS Provider Course Overview	12:45 - 13:00	Heartsaver Course Overview
9:40 - 10:00	BLS Provider Course: Lesson 2-5	13:00 – 13:40	Heartsaver Portfolio
10:00 – 10:10	Break	13:40 - 13:55	Heartsaver Testing
10:10- 10:50	BLS Provider Course: Lessons 6 & 6A	13:55 - 14:10	Heartsaver Blended Course
10:50 – 11:05	BLS Provider Course: Lessons 7-10	14:10 - 15:00	Course Conclusion & Exam

Registration:

Fee: \$300.00. Instructor Manuals are included in fee. *Use of American Heart Association materials in this course does not represent course sponsorship by the American Heart Association. Any fees charged for this course, except for a portion of fees needed for AHA materials; do not represent income to the Association. LCMH employees need to have your manager notify the Professional Development Department if you are to be paid to attend.*

Applications must include a recommendation by either the person who taught your provider course or the course director. All applicants need to have a current Provider Card. The BLS Instructor Essentials will be emailed by Education and completed by the Instructor Candidate prior to the Instructor course. Instructor materials may be picked up in the Professional Development Department. As an AHA instructor, candidates agree to teach at least 4 courses in 2 years in accordance with the guidelines of the American Heart Association. Courses are limited to 6 students per course. The Professional Development Department is located at 2615 Enterprise Boulevard – Suite B, Lake Charles, LA 70601

Please circle date to attend: February 4, 2025 May 20, 2025

CPR INSTRUCTOR COURSE - REGISTRATION FORM		
Name _____	Institution/Title _____	
Work Address _____	State _____	Zip Code _____
Home Address _____	State _____	Zip Code _____
Email _____	Make check payable to: LCMH Professional Development	
Phone (H) _____ (W) _____	Send or Mail to: LCMH Professional Development Department –Training Center 2615 Enterprise Boulevard, Suite B Lake Charles, LA 70601	