

Basic Life Support (BLS) New or Renewal Request Form



Please complete this form, scan and email to: info@theartofcpr.com and someone will contact you.

Company Name: _____

Company Address: _____

Preferred Training Date: _____

Date should be two weeks from the date of this form.

of Students / Participants: _____

Please check all that apply:

- 1. CPR training is new to our team.....
- 2. This request is for CPR certification renewal.....
- 3. We prefer onsite training.....
- 4. We will come to The Art of CPR training site,
but would like training tailored to our team.....
- 5. We prefer 100% In Person class.....
- 6. The Hybrid option work best for our team.....

We are requesting CPR training for:

- Medical Office.....
- Dental Office
- Mental Health
- Pharmacy.....
- EMS Team
- Other

_____ (please list your group's profession)

Thank you for your interest in our CPR training. Please include your contact information and someone will contact you.

Name: _____ Phone: _____

Email: _____

Our trainings are based on the American Heart Association (AHA) guidelines.

