

CPR AHA BLS Blended Learning - Online and Skills Testing

☐ Tuesday, January 27, 2026 (3 sessions: 6:00-6:45pm, 7:00-7:45pm, or 8:00-8:45pm)
☐ Saturday, April 18, 2026 (3 sessions: 8:00-8:45am, 9:00-9:45am, or 10:00-10:45am)
☐ Wednesday, August 5, 2026 (3 sessions: 6:00-6:45pm, 7:00-7:45pm, or 8:00-8:45pm)
☐ Friday, November 6, 2026

(3 sessions: 8:00-8:45am, 9:00-9:45am, or 10:00-10:45am)

\$98 TOTAL

\$37 (paid to AHA by you directly) for the online course and the other \$61 (paid to SDDS) for the skills portion – 3 units of CE included

In-Person Practice Session and Skills Test at the SDDS Office

These CPR courses will be an AHA Blended Learning format. Below are the steps to register and complete the course. Email sdds@sdds.org if you have any questions.

Step 1 – Register for the BLS/CPR providers course with SDDS (via this registration form, phone, or on the SDDS website)

 You will receive an email from SDDS with a link to AHA to sign up and pay for the online course (\$37).

Step 2 - Complete the HeartCode BLS Online course

- Written examination is part of the online course 84% to pass
- Print a copy of your HeartCode BLS Online Course Completion Certificate (bring this copy to the skills test)

Step 3 – Attend the IN-PERSON Skills practice session and skills test at the SDDS Office.

Step 4 – Your American Heart Association BLS (CPR) card will be issued digitally via email. Physical cards are no longer issued.

CPR BLS Course Registration	REGISTRATION FEE:		MASKS:	
Of R BIB Course Registration	\$61 (SDDS Members/Staff)	\$	\$25 (w/ oxygen inlet)	\$
Who's coming?(include designation)	LATE REG: \$81 (begins 3 weeks prior to class)	\$	\$40 (adult ambu-bag—optional)	\$
			\$35 (child ambu-bag—optional)	\$
	\$81 (CDA/non-SDDS member fee)	\$		
Telephone:	\$162 (non-member fee)	\$	TOTAL:	\$
Email:				
LITION.				
SDDS Member's Name	Designation:	D	ate of Course:	

Cancellation Policy: Full refund granted less \$25 administration fees, if received in writing 14 days before the class. NO REFUNDS if cancelled within 13 days of the class or for No Shows or registration received after that date. Attendee substitutions OK. By registering for this course/event, I agree to the terms and conditions of this event. Visit sdds.org for full details.



(including member dentist if attending)

Cardholder Name: _

Payment Method: Check Credit Card Total Amount: \$ _