

## SDS 2026 BLS Renewal Courses

**Stanislaus Dental Society** Continuing Education Committee is pleased to announce continuation of our BLS Renewal Course Program allowing SDS members and staff the opportunity for recertification conveniently and at a minimal cost.

**Time:** 9:00am (SHARP) to 12:00pm

Credits: 3 Hours / Units

**Cost:** \$60.00 per person - **Must** be paid in advance to reserve your space in the class.

(Registration by email will only be accepted if paying by c/c.)

Location: KCI / EMS 4836 Stratos Way. Unit A, Modesto (Off Kiernan, off McHenry)

Changes must be submitted one week prior to your class date. Please do not arrive without an appointment; you will not be allowed to attend. Contact the SDS office if canceling; there is usually a wait list of attendees wanting your spot!

Registration fees for no-shows are *forfeited* and are not transferable to another class!

Please retain a copy of this notice and mark your calendar as no followup confirmation will be issued. You will be contacted if the course you want is full.

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DATE	TIME	
Friday, January 2	9:00am – 12:00pm	
Friday, February 6	9:00am – 12:00pm	
Friday, March 6	9:00am – 12:00pm	
Friday, April 3	9:00am - 12:00pm	
Friday, May 1	9:00am – 12:00pm	
Friday, June 5	9:00am – 12:00pm	

The American Heart Association requests that every attendee purchase the Basic Life Support (BLS) Provider Manual prior to the course. The book can be purchased online for \$19.65 at, <a href="https://shopcpr.heart.org/bls-provider-manual">https://shopcpr.heart.org/bls-provider-manual</a> Choose Item #20-1102. The book is also available for download as an <a href="EBook">EBook</a> for \$16.80. \*Note: If you Google the name of the book, you can find it at various sites for \$6. Please bring the manual or EBook with you to class.

!WALK-INS NOT ACCEPTED - YOU MUST BE PRE-REGISTERED!

## REGISTRATION FORM **2026 BLS - \$60.00 per person**

OFFICE OF DR	PHONE:	
ADDRESS		
(PRINT NAME CLEARLY AND EXAC	CTLY AS IT SHOULD APPEAR ON YO	OUR BLS CARD)
EGISTER:	LICENSE #:	SPECIFY DATE
1) NAME:		
2) NAME:		
3) NAME:		
4) NAME:		
5) NAME:		
6) NAME:		
7) NAME:		
8) NAME:		
9) NAME:		
10) NAME:		
D1		
Payment:		
Check Amount: \$		
Credit Card (American Express/	VISA/MasterCard/Discover)	
Name on Card:	CV(3-digits)	
CC#	Exp. (mm/yr)	
Mail: S	or Stanislaus Dental Society	(209) 522-9448
2401 E. O	rangeburg Ave. Ste. 675-319	

Please note: Your check for the appropriate amount and the form indicating the date you have selected <u>must be received no later than 2 weeks</u> prior to the BLS class. Space is limited. Registrations will be accepted on a first-received, first-served basis.

Modesto, CA 95355