

# WISCONSIN CHIROPRACTIC ASSOCIATION Heart Saver CPR/AED Starting September 30th

## Course Description:

CPR with AED (Defibrillation) is now required by the state of Wisconsin before Chiropractors may renew their licenses. This course is to prepare participants with ways to recognize several life threatening emergencies and provide CPR or the use of an AED and relieve a choking victim in a safe timely effective manner.

## Heart Saver CPR/AED course:

### Cognitive Objectives:

- Describe the steps of CPR
- When to start CPR
- When to give rescue breathing including barrier devices
- When to check a pulse
- How to give chest compression proper depth, rate with complete chest recoil
- When to use an AED
- Describe the sign/actions of obstructed air way conscious/unconscious victim
- Age 1 on up

## 2 Year Certification – American Heart Association

### 10 programs // 4 Different Locations

Wisconsin Dells / Kalahari Resort  
1305 Kalahari Dr. // (608) 254-5466

Green Bay / Best Western Midway  
780 Armed Forced Dr. // (920) 499-3161

Brookfield / Courtyard Marriott  
16865 West Bluemound Rd. / (262) 821-1800

Madison / Howard Johnson  
3841 E. Washington Ave. // (608) 244-2481

## Heart Saver CPR/AED Registration Form

	Early Registration Seven days prior	Registration Fee Within seven days
WCA Member	\$47	\$67
Non-Member	\$62	\$82

- Thursday, September 30 • Wisconsin Dells // 3:00pm - 6:00pm
- Friday, October 1 • Wisconsin Dells // 9:00am - 12:00pm
- Friday, October 1 • Wisconsin Dells // 2:00pm - 5:00pm
- Saturday, October 2 • Wisconsin Dell s// 9:00am - 12:00pm
- Saturday, October 2 • Wisconsin Dells // 2:00pm - 5:00pm
- Sunday, October 3 • Wisconsin Dells // 9:00am - 12:00pm
- Sunday, October 3 • Wisconsin Dells// 2:00pm - 5:00pm
- Wednesday, October 27 • Green Bay// 2:00pm - 5:00pm
- Thursday, October 28 • Brookfield // 2:00pm - 5:00pm
- Thursday, November 4 • Madison // 2:00pm - 5:00pm

Total Amount Due: \$\_\_\_\_\_

Doctor/Member Name: \_\_\_\_\_

Doctor/Member Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

### Method of Payment :

Enclosed is my check payable to the WCA.

Please charge to: Visa  Mastercard

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

**Mail to:** WCA, 521 E. Washington Ave, Madison, WI 53703

**Fax to:** (608) 256-7123 • **Phone:** (608) 256-7023

Cancellation Policy: Full refund up to 7 days prior to program.  
50% refund after 7 days prior to day of program. No refund day of program. No confirmation will be sent.