



# SDS 2025 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
<u>Friday, January 3</u>	9:00am – 12:00pm
<u>Friday, February 7</u>	9:00am – 12:00pm
<u>Friday, March 7</u>	9:00am – 12:00pm
<u>Friday, April 4</u>	9:00am – 12:00pm
<u>Friday, May 9</u>	9:00am – 12:00pm
<u>Friday, June 6</u>	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 \$18.50 at, <https://shopcpr.heart.org/bls-provider-manual> Choose Item #20-1102. The book is also available for download as an EBook. \*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**  
**2024 BLS - \$60.00 per person**

OFFICE OF DR. \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

(PRINT NAME CLEARLY AND EXACTLY AS IT SHOULD APPEAR ON YOUR BLS CARD)

<b>REGISTER:</b>	<b>LICENSE #:</b>	<b>SPECIFY DATE:</b>
1) NAME: _____	_____	_____
2) NAME: _____	_____	_____
3) NAME: _____	_____	_____
4) NAME: _____	_____	_____
5) NAME: _____	_____	_____
6) NAME: _____	_____	_____
7) NAME: _____	_____	_____
8) NAME: _____	_____	_____
9) NAME: _____	_____	_____
10) NAME: _____	_____	_____

**Payment:**

\_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Credit Card (American Express/VISA/MasterCard/Discover)

Name on Card: \_\_\_\_\_ CV(3-digits) \_\_\_\_\_

CC# \_\_\_\_\_ Exp. (mm/yr) \_\_\_\_\_ / \_\_\_\_\_

(Credit card payments can be sent by email, [sdsdent@thevision.net](mailto:sdsdent@thevision.net) or Fax: (209) 522-9448  
or

Mail: Stanislaus Dental Society  
2401 E. Orangeburg Ave. Ste. 675-319  
Modesto, CA 95355

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