

# St. Charles County Ambulance District

# 2015 AHA Duplicate Card Request

4169 Old Mill Parkway ~ St. Peters ~ MO ~ 63376

Phone 636-344-7667 ~ Fax 636-344-7661

## PRINT LEGIBLY AND COMPLETE ALL INFORMATION!

Contact person:

Name (PLEASE PRINT)	Phone Number	Email Address
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The CLASS CARD TYPE originally received ~ Check **ONE:**  ACLS  PALS  BLS Healthcare Provider

HS CPR/AED  HS First Aid  HS First Aid/CPR AED  HS Ped. First Aid  Instructor: \_\_\_\_\_ (discipline)

The student name as it appeared ON THE ORIGINAL ROSTER:

First Name (PLEASE PRINT)	Last Name (PLEASE PRINT)
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The class information:

Location (PLEASE PRINT)	Instructor(s)
Month / Date / Year	Time

Send the duplicate card or card refund to:

Name (PLEASE PRINT)	Street Address	
City	State	Zip

**PLEASE SUBMIT \$7.00 WITH FORM TO:** AHA TC ~ St. Charles County Ambulance District ~ 4169 Old Mill Parkway ~ St. Peters ~ MO ~ 63376

**Credit Card** \_\_\_\_\_  
Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_ Name On Credit Card \_\_\_\_\_ Signature \_\_\_\_\_

Credit Card Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Check** \_\_\_\_\_  
Number \_\_\_\_\_

TC USE: Date Received \_\_\_\_\_ Date Paid \_\_\_\_\_ Date Cards Completed \_\_\_\_\_ Date Cards Mailed \_\_\_\_\_

Noted on Original Roster  YES

Date Refund Issued \_\_\_\_\_ Circle Code: Heartsaver HCP HAED CPR1 ACLS PALS CPRS CPRI ACLI PALI