

ORDER DATE: _____

Email orders to: LifeSupportTraining@umsystem.edu

Ordering Instructor/Training Site: _____ Phone Number: _____

Must be a current instructor aligned with MUHC AHA TC #MO02648)

Email: _____ Company (if applicable): _____

If eCards should be issued to multiple instructors, please list names and quantities of total order to each:

QUANTITY	CARD DESCRIPTION	AHA CODE	PRICE PER CARD	TOTAL PRICE
	ACLS Provider	20-3000	\$12.00	
	BLS Provider	20-3001	\$10.00	
	Heartsaver K-12	20-3011	\$4.00	
	Heartsaver First Aid	20-3005	\$20.00	
	Heartsaver CPR AED	20-3004	\$20.00	
	Heartsaver First Aid CPR AED	20-3002	\$20.00	
	Heartsaver-Pediatric First Aid CPR AED	20-3003	\$20.00	
	PALS Provider	20-3006	\$12.00	
	<i>BLS Instructor Card (Must be issued to receiving instructor by TC or TS)</i>	20-3016	\$12.00	
	<i>ACLS Instructor Card (Must be issued to receiving instructor by TC or TS)</i>	20-3015	\$12.00	
	<i>PALS Instructor Card (Must be issued to receiving instructor by TC or TS)</i>	20-3013	\$12.00	
			SUBTOTAL	
			PROCESSING FEE (required)	\$5.00
			TOTAL CHARGE FOR ORDER:	

PAYMENT METHOD:

- Mailed Check (Check #): _____
- MOCODE (#): _____
- Online Store Card Payment (Order#): _____ (Scan QR code below to access payment site.)
- Please Send Invoice (Please list the entity and the name and email address of who should receive the invoice:

Entity : _____ Name: _____ Email _____

Mail checks to:

University of Missouri Health Care
Shelden Clinical Simulation Center
CS&E Building, Rm CE626
5 Hospital Drive DC 018.00
Columbia MO 65212

**PLEASE ALLOW UP TO 10 BUSINESS DAYS FOR ORDERS
TO BE PROCESSED.**

For questions regarding orders, please contact the Training
Center by phone or email:

(573)884-8491 LifeSupportTraining@umsystem.edu

(Payable to "The Shelden Simulation
Center")

