



Sponsored by the  
Safety Committee

**BUILDING CONTRACTORS  
ASSOCIATION  
OF NORTHEAST INDIANA**



**OSHA 29 CFR 1926.50 (c): Medical Services and First Aid**

In the absence of an infirmary, clinic, hospital, or physician, that is reasonably accessible in terms of time and distance to the worksite, which is available for the treatment of injured employees, a person who has a valid certificate in first-aid training from the U.S. Bureau of Mines, the American Red Cross, or equivalent training that can be verified by documentary evidence, shall be available at the worksite to render first aid.

***Upon successful completion, each participant will be issued a course completion card from the American Heart Association valid for two (2) years.***

**American Heart Association**  
**First Aid with CPR and AED Training**  
 Limited to 20 Registrants per Class – Approximately 3 ½ Hours  
**\$60 per person \* - Includes Refreshments**

**Limited Openings!**  
 3 Seats on February 9  
 7 Seats on February 15  
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 Alternate Date:  
 February 23, if needed

**Dates:** Thursday, February 9, 2012      7:30 to 11:00 a.m.      **Where:** BCA Office  
 Wednesday, February 15, 2012      7:30 to 11:00 a.m.      536 West Cook Road - Fort Wayne  
 Entrance off Opportunity Drive, 1<sup>st</sup> Left

\* Workbooks are optional. If ordering, please add \$15 per book and allow two weeks advance notice prior to selected course date.

Note: If sending 6 or more people, you may schedule an individual training class at your facility or BCA office.

**Presented by Clarke Safety Training**

**FIRST AID with CPR and AED TRAINING | REGISTRATION FORM**

Complete and return to BCA by fax to 260 483-9597 or by mail to: 536 W. Cook Rd.; Fort Wayne, IN 46825. Registration deadline is one week before each scheduled class. (Please allow two weeks if you are ordering workbooks.) Full credit on course fee will be granted on cancellations received one week before the scheduled course date. Please call 260 483-9596 with any questions regarding registration or to schedule your own company training (for 6 or more employees). Please note: Unless notified differently, the date you select will be your confirmed course date. Class sizes are limited, and early registration is encouraged!

Company \_\_\_\_\_ Contact \_\_\_\_\_

<b>Registrant Name:</b>	<b>Preferred Date:</b>	<b>Payment :</b>
_____	_____	# _____ Registrants @ \$60 each = \$ _____
_____	_____	# _____ Books (optional) @ \$15 each = \$ _____
_____	_____	[ ] Please invoice      [ ] Check enclosed
_____	_____	[ ] NICAF Contributor/Member **

\*\* Upon successful completion, NICAFF will underwrite registration fees for up to six registrants for member NICAFF contributors.