

Heartcode® ACLS Blended Learning Course

HeartCode ACLS is the AHA's blended learning delivery method for the AHA's ACLS Course. Blended learning is a combination of eLearning, in which a student completes part of the course in a self-directed manner, followed by a hands-on session.

Designed for the Advanced Healthcare Provider seeking a new or renewal ACLS Certification

Hands-On Skills Sessions – 2:30 p.m. to 4:30 p.m.

January 24	February 21	March 27	April 24	May 29	June 26
July 24	August 21	September 25	October 23	November 20	December 18

Heartcode hands-on skills sessions require the completion of the American Heart Association Heartcode ACLS online program.

Cost Health First Associates: \$132.00
 Public Fees: \$207.00

Registration and payment are required. Cost includes online course, eBook, eCard and hands-on skills session.

Course Prerequisite

- Students must be well prepared in advance of course
- Complete the Online Course
- Print and bring certificate of completion to the hands-on session
- Bring Photo ID

Course Registration To register, please complete registration form on the reverse side of this flyer and email/fax with course fee.

Registered students will receive email confirmation of enrollment.

Address All classes are held at the Health First Training Center, 3470 N. Harbor City Blvd., Melbourne, FL, 32935. We are located in the Rivercrest Professional Center on US Highway 1, between Post Road and Parkway Boulevard.

Contact Information Phone: 321.434.1960 Fax: 321.254.0795
 E-mail: Training@HF.org

Health First Training Center Registration Form

Student Information

Name: _____ User ID: _____

Mailing Address: _____

City, State, Zip: _____

Contact Phone: _____ Professional License #: _____

Email (Required): _____

Course/Book Name	Course Date	Course Fee
_____	_____	\$ _____
_____	_____	\$ _____

Payment Options Total Amount Due

Cash or Check (made payable to Health First Training Center) \$ _____

Credit Card # _____ Exp: _____ CVV: _____ \$ _____

Health First Associates Only — Payroll Deduction:

I authorize Health First to deduct over ___One ___Two ___Three
pay periods until the amount indicated is paid in full. \$ _____

Cost Center Transfer (not available for CPR or ACLS): Cost Center #: _____ - _____ - _____

Manager Signature: _____ Print Name: _____

Contact Information

Email Registration to Training@HF.org

Fax Registration to 321.254.0795

Health First Training Center
3470 N. Harbor City Blvd.
Melbourne, FL 32935
Phone: 321.434.1960

By signing this registration form, I acknowledge that if I cancel my registration, I must do so 48 hours prior to the program start time. Failure to cancel will result in the loss of my registration fee. Unless stated otherwise on program flyer, a \$10 administrative fee will be charged for all refunds.

Health First Associates:

- If the registration fee is being paid by my department and I fail to cancel 48 hours prior to the program, I acknowledge that I will become responsible for the registration fee, which will be deducted from my paycheck.
- Failure to cancel your registration will result in a \$10 charge, which will automatically be deducted from your paycheck.
- Exceptions for verifiable emergencies will be made on a case by case basis.
- I understand and agree that upon my severance of employment, whether voluntary or involuntary, any balance due for this deduction will be withheld from my final check and/or from pay out of accrued Personal Leave (PL).

Student Signature (Required) _____

Date _____

Office Use Only:
Authorized by: _____ Date: _____