

Emergency Pharmacology & ECG ACLS Preparatory Course May - December 2018

For: Paramedics, RNs, RTs, ARNPs, PAs, Physicians, and other Advanced Care Providers

Course Description: This course presents information on basic electrophysiology, normal ECG measurements, basic arrhythmias, basic ACLS drugs, usage and routes of administration during cardiovascular emergencies, and how to integrate basic drug pharmacology into ACLS algorithms. Attending the ACLS course will build on this base to enhance the breadth and depth of knowledge and skills. Study and preparation for an ACLS course is essential!

Date	Day	Time	Location
July 13	Friday	9 a.m.–4 p.m.	Health First Training Center, Rivercrest
October 19	Friday	9 a.m.–4 p.m.	Health First Training Center, Rivercrest

Note: Due to construction activity at Rivercrest Plaza, course location is subject to change. Registered students will be notified should this occur.

Cost	Health First Associate Fee: \$70.00 Public Fee: \$90.00 Pre-registration and payment required.	
Textbook	Textbook is required and included in course cost. Mailing option not available for this textbook. Please pick up book at Training Center once enrolled.	
Registration & Confirmation	See reverse side of flyer for registration form. Please bring photo ID to your course. Registered students will receive e-mail verification of enrollment.	
Address	Health First Training Center, Rivercrest Professional Plaza, 3470 N. Harbor City Blvd. (US 1), Melbourne, FL 32935 (Located on US Highway 1 between Post Road and Parkway Boulevard)	
Contact Information	Phone: 321.434.1960 Fax: 321.254.0795	Training@Health-First.org Inter-Office Mail: Training Center, Rivercrest
Cancellation	Cancellation must be made 48 hours prior to program to avoid forfeiture of registration fee. An administrative fee of \$10.00 will be deducted from all refunds. Refunds will be processed within 30 days.	
Contact Hours	These programs have been approved by: Florida State Board of Nursing, #NCE 2046 4 hours Bureau of EMS 4 hours AMA PRA Category 1 Credit™ 1 hour	

Registration Form

Name:		Contact Phone: () -	
Mailing Address:		City:	State:
License Number:		Zip code:	
E-mail Address (required):			
Health First Associates Universal ID (Required) #:		Course Card Exp Date	
Non-Associates (Required): Birth Month ____ Birth Day ____ Last 4 digits of SSN ____			
Course Name(s) and/or Textbooks:	Course Date(s):	Fee:	
Payment options are as follows and payment must be submitted with this registration form:			
Select One:			Amount Due:
___ Cash, Check or Money Order (made payable to Health First Training Center)			
___ Credit Card (MC, Visa, Discover, Amex): # _____ Exp. Date: _____ 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:		Send form with payment to:	
Manager Signature: _____		Health First Training Center	
Cost Center #: _____ - _____ - _____		3470 N. Harbor City Blvd., Melbourne, FL 32935	
		E-mail address: Training@Health-First.org	
		Phone: 321.434.1960 Fax: 321.254.0795	

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.
- If there is no fee to attend the program, failure to cancel will result in a \$10 charge which will automatically be deducted from my paycheck. **NOTE: 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 PL.

Signature (Required)

Date
