

Advanced Cardiac Life Support (ACLS) Provider 2019

Two-Day Provider – 9 a.m. to 5 p.m.
Designed for the New Healthcare Provider seeking initial ACLS Certification.

January 24-25	February 7-8	March 21-22	April 11-12	May 23-24	June 27-28
July 25-26	August 20-21	September 19-20	October 24-25	November 14-15	December 19-20

Cost Health First Associates: Complimentary
Public Fees: \$150
Pre-registration and payment is required.

- Course Prerequisites**
- American Heart Association (AHA) requires that all students must have a current course textbook readily available for use.
 - Students must be well-prepared in advance of course.
 - Proficient at electrocardiogram (ECG) rhythm recognition
 - Please bring a photo ID with you to your class.
 - All students must complete the **Mandatory Self-Assessment** with a grade of 70% or higher found at Heart.org/ECCStudent (access code: **acsls15**).
 - Print your Self-Assessment results and show them to your instructor the day of course.

Course Registration **Health First Associates:** To register, please go to the Health First intranet, hover over **Education**, click **Online Learning** and log in, click **Home** icon, search **ACLS**, select the format and session you wish to attend, register by clicking **Read Disclaimer**, click **Confirm** button.
Public Attendees: 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@Health-First.org

Contact Hours	FL Board of Nursing, #NCE 2046	10 hours
	FL Board of Respiratory Care	10 hours
	Bureau of EMS	10 hours
	AMA PRA Category 1 Credit	8 hours

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@Health-First.org

Fax Registration to 321.254.0795

Health First Training Center
3470 N. Harbor City Blvd.
Melbourne, FL 32905
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: _____