Advanced Cardiac Life Support (ACLS) Renewal 2020

One-Day Renewal – 9:00 a.m. – 5:00 p.m.
Designed for the Healthcare Provider seeking to renew ACLS Certification.

<table>
<thead>
<tr>
<th>January 8</th>
<th>February 5</th>
<th>March 4</th>
<th>April 3</th>
<th>May 6</th>
<th>June 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 18</td>
<td>February 13</td>
<td>March 12</td>
<td>April 17</td>
<td>May 13</td>
<td>June 11</td>
</tr>
<tr>
<td>January 30</td>
<td>February 28</td>
<td>March 28</td>
<td>April 29</td>
<td>May 21</td>
<td>June 24</td>
</tr>
<tr>
<td>July 8</td>
<td>August 5</td>
<td>September 2</td>
<td>October 8</td>
<td>November 6</td>
<td>December 3</td>
</tr>
<tr>
<td>July 18</td>
<td>August 12</td>
<td>September 11</td>
<td>October 16</td>
<td>November 12</td>
<td>December 11</td>
</tr>
<tr>
<td>July 30</td>
<td>August 28</td>
<td>September 19</td>
<td>October 28</td>
<td>November 14</td>
<td></td>
</tr>
</tbody>
</table>

Cost
- Health First Associates: Complimentary
- Public Fees: $125.00

Pre-registration and payment required.

Course Prerequisite
- Must possess current American Heart Association (AHA) ACLS card.
- 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: acls15).
- 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 Browse icon, click 2020 Training Center Courses, 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@HF.org

Contact Hours
- FL Board of Nursing, #NCE 2046FL Board of Respiratory Care 0 hours
- Bureau of EMS 4 hours
- AMA PRA Category 1 Credits™ 4 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@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: ___________________________