Basic Life Support (BLS) for New, Renewing and Expired Healthcare Provider Certification
American Heart Association (AHA) Curriculum and Certification

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>February 7</td>
<td>12:30 p.m. to 4:30 p.m.</td>
</tr>
<tr>
<td>April 1</td>
<td>9:00 a.m. to 1:00 p.m.</td>
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<tr>
<td>June 19</td>
<td>12:30 p.m. to 4:30 p.m.</td>
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<tr>
<td>August 7</td>
<td>9:00 a.m. to 1:00 p.m.</td>
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<td>October 9</td>
<td>12:30 p.m. to 4:30 p.m.</td>
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<tr>
<td>December 2</td>
<td>9:00 a.m. to 1:00 p.m.</td>
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Cost
Public and Health First Associate: $65
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 the Health First Training Center once enrolled.

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 Boulevard, 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

Cancellation
Cancellations must be made 48 hours prior to program to avoid forfeiture of class fee. An administrative fee of $10 will be deducted from all refunds.
# Health First Training Center
## Registration Form

### Student Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>User ID:</th>
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<table>
<thead>
<tr>
<th>Mailing Address:</th>
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<table>
<thead>
<tr>
<th>City, State, Zip:</th>
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<table>
<thead>
<tr>
<th>Contact Phone:</th>
<th>Professional License #:</th>
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</table>

### Email (Required):

<table>
<thead>
<tr>
<th>Course/Book Name</th>
<th>Course Date</th>
<th>Course Fee</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>$________</td>
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### Payment Options

- **□ 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:
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

_________________________  _______ __________
Student Signature: Print Name:

Office Use Only:
Authorized by: __________________________  Date: ______________