

# Basic Life Support (BLS) – Online Course

October – December 2018

## CPR/Basic Life Support for New, Renewing and Expired Healthcare Provider Certification

*American Heart Association Curriculum and Certification*

### Online Course

**\$50 fee** includes online instruction at your convenience (approximately two hours) and separate classroom evaluation (approximately two hours). See attached flyer for evaluation schedule.

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#### Registration

Please fill out registration form and return it via fax, scan/email, interoffice or mail. Make sure to specify you would like to attend the online course.

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#### Registration Confirmation

It is the responsibility of each student to verify enrollment.  
If you do not receive a confirmation email, please contact us.

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#### Contact Information

- **Phone:** 321.434.1960
- **Fax:** 321.254.0795
- **Email:** [Training@Health-First.org](mailto:Training@Health-First.org)
- **Interoffice:** Health First Training Center, Rivercrest

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#### Cancellation

An administrative fee of \$10 will be deducted from all refunds. For the online course, registration fee is forfeited once the access key is issued.

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# Online CPR 2018

## Skills Evaluation Schedule

- **Must bring Current Certificate of Completion and a Photo ID** ▪

### NO APPOINTMENT NECESSARY

**Cape Canaveral Hospital**

*Conference Room D (across from Resource Center in the Medical Plaza)*

- Last two Wednesdays of the month, 5–8 p.m.
- Last two Fridays of the month, 7:30–10:30 a.m.

**Holmes Regional Medical Center**

*Old Specials Room, A Building, 1<sup>st</sup> Floor*

- Every Monday, 9 a.m.–Noon
- Every Thursday, 4–7 p.m.

**Viera Hospital**

*Room labeled “Discharge Area” on the 1<sup>st</sup> floor (adjacent to ambulance loop)*

- Last two Fridays of the month, 7:30–10:30 a.m.

**Palm Bay Hospital**

*Small Conference Room, Physicians’ Office Bldg. (POB)*

- Last two Wednesdays of the month, 5–8 p.m.
- Last two Fridays of the month, 7:30–10:30 a.m.

**Health First Medical Group – Gateway**

*2C-Break/Training Room, 2<sup>nd</sup> Floor*

- Last two Wednesdays of the month, 2:30–5:30 p.m.

**Health First Pro-Health & Fitness Center – Merritt Island**

*Conference Room, 1<sup>st</sup> Floor*

- Last Friday of the month, 9–11 a.m.
- Last Tuesday of the month, 5–7 p.m.

**Health First Cancer Institute – Titusville**

*490 N. Washington Ave., Titusville, FL  
1<sup>st</sup> Floor Conference Room*

- Third Wednesday of the month, 10 a.m.–1 p.m.

**Health First Training Center**

*Rivercrest Professional Plaza  
3470 N. Harbor City Blvd, Melbourne, FL*

- First Tuesday of the month, 8:30 a.m.–11:30 a.m.
- Last Wednesday of the month, 8:30 a.m.–11:30 a.m.

- If you do not have both the Certificate of Completion and a Photo ID, you will **NOT** be permitted to test.
- For assistance, please contact us via Email: [Training@Health-First.org](mailto:Training@Health-First.org)
- **Note:** Skill sessions are subject to change around major US holidays.

## Registration Form

Name:	Contact Phone: (    )    -	
Mailing Address:	City:	State:
License Number:	Zip code:	
<b>E-mail Address (required):</b>		
Health First Associates Universal ID (Required) #: _____ Course Card Exp Date _____		
Non-Associates (Required): Birth Month ____ Birth Day ____ Last 4 digits of SSN ____		
<b>Course Name(s) and/or Textbooks:</b>	<b>Course Date(s):</b>	<b>Fee:</b>
<b>Payment options are as follows and payment must be submitted with this registration form:</b>		
<b>Select One:</b>	<b>Amount Due:</b>	
___ Cash, Check or Money Order (made payable to Health First Training Center)		
___ Credit Card (MC, Visa, Discover, Amex): # _____ Exp. Date: _____ CVV _____		
___ <b>Health First Associates Only—Payroll Deduction:</b> I authorize Health First to deduct over ___ One ___ Two ___ Three pay periods until the amount indicated is paid in full.		
<b>Cost Center Transfer:</b>  Manager Signature: _____  Cost Center #: _____ - _____ - _____	<b>Send form with payment to:</b> Health First Training Center 3470 N. Harbor City Blvd., Melbourne, FL 32935 E-mail address: <a href="mailto:Training@Health-First.org">Training@Health-First.org</a> 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

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