

Emergency Nursing Pediatric Course (ENPC) 2019

ENPC is a two-day course designed to present core-level pediatric knowledge and psychomotor skills associated with the care of pediatric patients in an emergency setting.

Created by nurses, this Emergency Nurses Association (ENA) course aims to improve the care of the pediatric patient by increasing the knowledge, skill and confidence of emergency nurses. Students will enjoy educational lectures and participate in multiple skill stations, where they will have the opportunity to integrate psychomotor abilities into a patient situation.

ENPC may be officially attended by Registered Nurses but may be audited by other medical personnel. It is strongly recommended that the participant have at least six months of clinical nursing in an emergency care setting. It is assumed that the course participant possesses generic nursing knowledge, has an understanding of emergency care terminology and is familiar with standard emergency equipment.

This program has been approved by Emergency Nurses Association (ENA) for 15.33 contact hours. ENA is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission of Accreditation.

	March 6-7 8:00 a.m. - 5:00 p.m.	June 13-14 8:00 a.m. - 5:00 p.m.	October 17-18 8:00 a.m. - 5:00 p.m.
Cost	Health First Associates: \$300 Public Fees: \$350		
Registration	Pre-registration and payment is required. Please fill out the registration form and email/fax to the Health First Training Center. ENA suggests participants register six weeks prior to the course in order to allow sufficient time to read through the course manual. Registrations will be accepted up until the week before the course, as long as slots are available. Our classes do fill up quickly, so please register as soon as possible.		
Course Text	ENPC Provider Course Manual and the associated online modules are required and included in the course fee. Textbook and pretest may be picked up at the Health First Training Center, once enrollment has been processed. Bring a printed copy of your online modules completion certificate and your completed pretest with you the first day of the course. Please bring a photo ID with you the day of your course.		
Location	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		
Cancellation	Cancellation must be made seven days prior to the program to avoid forfeiture of the entire registration fee. An administrative fee of \$85, which includes the course manual, will be deducted from all refunds. Refunds will be processed within 30 days. Program no-shows will result in a 100% forfeiture of tuition fees.		



Education & Training

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: _____