

Introduction to 12-Lead ECG 2018

Introduction to 12-Lead ECG is a 4-hour course designed for all providers such as Nurse Practitioners, Registered Nurses, Paramedics, Respiratory Therapists, Medical Assistants and Nursing Assistants. This program is designed to build on a basic knowledge of cardiac rhythm interpretation and transition that knowledge into 12-Lead ECGs. Students will learn the complex subject of 12-Lead electrocardiography, the pathophysiology of the electrical conduction system and coronary artery disease, and rhythm recognition. By the end of the course the student will have the foundation necessary to systematically assess and identify the acute coronary syndromes via 12-Lead ECG.

Course Date	Course Time	Location
Tuesday, February 6	1 – 5 p.m.	Health First Training Center

Note: Due to construction activity at Rivercrest Plaza, course location is subject to change. We will let registered students know if this occurs.

This program has been approved for 4 hours of continuing education by the Florida Boards of Nursing and Respiratory Care, and Florida Bureau of EMS.

Registration and Fees: Please see reverse side of this flyer for registration information. Pre-registration and payment are required.

- **Health First Associate Fee:** \$25
- **Public Fee:** \$75

We suggest you register at least one week before the course begins so you have enough time to read through the course manual. Registration will be accepted up until the week before the course as long as space is available.

Location: Health First Training Center, Rivercrest Professional Center, 3470 N. Harbor City Blvd. (on US 1 between Post Road and Parkway Blvd.), Melbourne, FL 32935.

- Please bring photo ID to your course.

Contact:

Phone: 321.434.1960

email: Training@health-first.org

Fax: 321.254.0795

Inter-office mail: Health First Training Center, Rivercrest

Cancellation must be made 48 hours prior to program to avoid forfeiture of registration fee.

An administrative fee of \$10 will be deducted from all refunds. Refunds will be processed within 30 days.

No-shows will result in a 100 percent forfeiture of tuition fees.

Registration Form

Name:		Contact Phone: () -	
Mailing Address:		City:	State:
License Number:		Zip code:	
E-mail Address (required):			
Health First Associates Universal ID (Required) #:		Course Card Exp Date	
Non-Associates (Required): Birth Month ___ ___ Birth Day ___ ___ Last 4 digits of SSN ___ ___ ___			
Course Name(s) and/or Textbooks:	Course Date(s):	Fee:	
Payment options are as follows and payment must be submitted with this registration form:			
Select One:			Amount Due:
___ Cash, Check or Money Order (made payable to Health First Training Center)			
___ Credit Card (MC, Visa, Discover, Amex): # _____ Exp. Date: _____ 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: Manager Signature: _____ Cost Center #: _____ - _____ - _____		Send form with payment to: Health First Training Center 3470 N. Harbor City Blvd., Melbourne, FL 32935 E-mail address: Training@Health-First.org 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 _____