

# Neonatal Resuscitation Program (NRP)

## May - December 2018

Candidates must be healthcare providers (medical, nursing, paramedical allied health professionals) whose daily occupations demand proficiency in neonatal delivery room resuscitation.

### This course includes several steps:

1. **Register.** Health First Training Center will assign the course to you through Health First's eLearning system and email you detailed login instructions for accessing the course in HealthStream.
2. **Read the *Textbook of Neonatal Resuscitation, 7th Edition*.** Library copies may be available in your home unit, or you can order an eBook or paperback copy at [AAP.org/bookstore](http://AAP.org/bookstore).
3. **Log in to HealthStream** to complete the online portion of the NRP course, take the exam and print your certificate of completion at your course HealthStream homepage, [www.HealthStream.com/hlc/healthfirstinc](http://www.HealthStream.com/hlc/healthfirstinc)
4. **Schedule a skills session**— you can now register, attend, & complete skills session within 90 days of passing online exam or you will have to repeat the online course at your own expense. You will not be registered for a skill session until completion of your online portion of the course has been verified.
5. **Log in to HealthStream for your NRP certification eCard**—available on your HealthStream homepage.

---

### Skills Sessions

**Bring a photo ID, a copy of your online exam Part 1 and Certificate of Completion to your skills session.**

At Health First Training Center - Rivercrest: 8:00 a.m. – 12:00 p.m.

- |                   |             |               |               |
|-------------------|-------------|---------------|---------------|
| ▪ May – No Skills | ▪ June 15   | ▪ July 13     | ▪ August 22   |
| ▪ September 26    | ▪ October 5 | ▪ November 16 | ▪ December 21 |

At Holmes Regional Medical Center:

Schedule varies. Please contact [Training@Health-First.org](mailto:Training@Health-First.org) for details.

### Registration

- **Pre-registration and payment is required—see reverse side of this flyer for registration form.**
- **Fee for Health First Associates working in a covered unit: \$25.00**  
Covered units are Neonatal Care, Mother/Baby Labor/Delivery areas and First Flight.
- **Fee for all other Health First Associates: \$60.00**
- **Fee for Non-Health First Associates (public): \$80.00**

---

### Contact us

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

Phone: 321.434.1960  
Fax: 321.254.0795

[Training@Health-First.org](mailto:Training@Health-First.org)  
Inter-Office Mail: Training Center, Rivercrest

## 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>
Payment options are as follows and payment must be submitted with this registration form:		
<b>Select One:</b>		<b>Amount Due:</b>
<input type="checkbox"/> Cash, Check or Money Order (made payable to Health First Training Center)		
<input type="checkbox"/> Credit Card (MC, Visa, Discover, Amex): # _____ Exp. Date: _____ CVV _____		
<input type="checkbox"/> <b>Health First Associates Only—Payroll Deduction:</b> I authorize Health First to deduct over <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> 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

---