

# Neonatal Resuscitation Program (NRP) 2019

## Skills Sessions – Health First Training Center 8 a.m. to Noon

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

January 4

March 1

May 3

July 10

September 4

November 1

### Please read carefully and follow all steps below:

- Register for the course. 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.
- Read the textbook, *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).
- Log in to HealthStream to complete the online portion of the NRP course, take exam and print your certificate of completion on your course HealthStream homepage. [www.HealthStream.com/hlc/healthfirstinc](http://www.HealthStream.com/hlc/healthfirstinc)
- Schedule a skills session. You can now register, attend and complete the skills session within 90 days of passing the 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.
- Bring your photo ID and a copy of your online Part 1 Certificate of Completion to your skills session.
- Log in to the HealthStream website, [www.HealthStream.com/hlc/healthfirstinc](http://www.HealthStream.com/hlc/healthfirstinc), complete your skills session evaluation and then claim your NRP Certification eCard. To claim your NRP Certification eCard, visit the HealthStream homepage.

### Cost and 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**  
Covered units are Neonatal Care, Mother/Baby, Labor/Delivery areas and First Flight.
- **Fee for all other Health First Associates: \$60**
- **Fee for Non-Health First Associates (public): \$80**

### Address

All classes are held at the 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](mailto:Training@Health-First.org)

# 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](mailto: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: \_\_\_\_\_