Pediatric Advanced Life Support (PALS) Provider 2020

Two-Day Provider – 9:00 a.m. – 5:00 p.m.
Designed for the New Healthcare Provider seeking initial PALS Certification.

February 26-27   April 15-16   June 17-18

August 26-27   October 14-15   December 9-10

Cost
Health First Associates: $125
Public Fees: $200
Pre-registration and payment required

Course Prerequisite
- American Heart Association (AHA) requires that all students must have a current course textbook readily available for use.
- Students must prepare in advance of course.
- Proficient at electrocardiography (ECG) rhythm recognition.
- Please bring your photo ID with you to your class.
- All students must complete the Mandatory Self-Assessment with a grade of 70% or higher found at Heart.org/ECCStudent (access code: pals15)
- Print self-assessment results and show to your instructor the day of the course.

Course Registration
All Attendees: To register, please complete registration form on the reverse side of this flyer and submit with course fee or Manager approval for cost center transfer.

Registered students will receive email confirmation of enrollment.

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@HF.org

Contact Hours
FL Board of Nursing, #NCE 2046  10 hours
FL Board of Respiratory Care  10 hours
Bureau of EMS  10 hours
AMA PRA Category 1 Credits™  8 hours
Health First Training Center
Registration Form

Student Information

Name: ____________________________ User ID: ________________

Mailing Address: ____________________________

City, State, Zip: ____________________________

Contact Phone: ____________________________ Professional License #: ____________________________

Email (Required): ____________________________

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<th>Course/Book Name</th>
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Payment Options

□ 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@HF.org
Fax Registration to 321.254.0795

Health First Training Center
3470 N. Harbor City Blvd.
Melbourne, FL 32935
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: ____________________________