

Emergency Pharmacology & ECG

An ACLS Preparatory Course

2012

Target Audience: Paramedic, RN, RT, ARNP, PA, Physician, and other Advanced Care Providers

Course Description (ACL001):

This course presents information on basic electrophysiology, normal ECG measurements, basic arrhythmias, basic ACLS drugs, usage and routes of administration during cardiovascular emergencies, and how to integrate basic drug pharmacology into ACLS algorithms. Attending the ACLS course will build on this base to enhance the breadth and depth of knowledge and skills. Study and preparation for an ACLS course is essential!

Date	Day	Time	Location
March 1	Thurs	9:00 am – 4:00 pm	Rivercrest Training Center
May 1	Tues	9:00 am – 4:00 pm	Rivercrest Training Center
August 29	Weds	9:00 am – 4:00 pm	Rivercrest Training Center
November 1	Thurs	9:00 am – 4:00 pm	Rivercrest Training Center

Cost **Health First Associate Fee:** \$70.00

Public Fee: \$80.00

Pre-registration and Payment Required

Textbook Textbook is required and included in course cost. Mailing option not available for this textbook: please pick up at Training Center once enrolled.

Registration & Confirmation See reverse side of flyer, www.health-first.org/training (Forms) or Inside Health First>Education>Center for Learning>Training Center>Registration Form

Public: It is the student's responsibility to verify enrollment

Health First Associate: Confirmations available through self-service PeopleSoft (just like viewing your paycheck) Self Service>Learning and Development>Training Summary

Address Rivercrest Professional Center – 3470 N. Harbor City Blvd. (US1), Melbourne, FL 32935
(Located on US Hwy. 1 between Post Road and Parkway Blvd.)

Contact Information Phone: (321) 434.1972 barbara.couch@health-first.org
Fax: (321) 254.0795 Inter-Office Mail: Training Center, Rivercrest

Cancellation Cancellation must be made 48 hours prior to program to avoid forfeiture of registration fee. An administrative fee of \$10.00 will be deducted from all refunds. Refunds will be processed within 30 days

Contact Hours These programs have been approved by:
Florida State Board of Nursing, #NCE 2046 4 hr
Bureau of EMS 4 hr
HRMC Category I CME credit 1 hr



TRAINING CENTER Registration Form

Name:	
Mailing Address:	City: State:
E-mail Address:	Professional License #:
Work/Dept.Phone:	Cell/Home Phone:
Health First Associates Universal ID (Required) # _____	
Non-Associates Birth Month ____ Birth Day ____ Last 4 digits of SSN ____ Required (information used for databasing purposes only):	

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 (X)	Description	Amount Due
	Cash, Check or Money Order (Made Payable to HF Training Center)	
	Credit Card (MC, Visa, Discover): # _____ Exp. Date: _____	
	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.	

<p>Cost Center Transfer: (not available for CPR or ACLS)</p> <p>Manager Signature: _____</p> <p>Cost Center #: _____ - _____ - _____</p>	<p>Send form and payment to Barbara Couch:</p> <p>Mailing Address: Health First Training Center 3470 N. Harbor City Blvd. Melbourne, FL 32935</p> <p>E-mail address: barbara.couch@health-first.org</p> <p>Phone: (321) 434.1972 Fax: (321) 254.0795</p>
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By signing this form, I agree my registration fee will be forfeited if I fail to cancel my registration within 48 hours of the start time of the course. A \$10.00 fee will be charged to process all refunds.

If I elected Payroll deduction, 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. Additionally, if this course is of no cost to me, and I fail to cancel within 48 hours as noted above, a \$10.00 fee will be deducted from my paycheck.

Signature (Required) _____ Date _____

Office Use Only:
Authorized by: _____ Date: _____

GL Account #050 600001 6405 52 - Training Center