

# CPR/BLS 2012

## Healthcare Provider

<b>Provider (CPR110) 8:30 AM – 1:30 PM</b> Designed for the new and expired Healthcare Provider. All provider classes are held at the Health First Training Center. Health First Associate Fee: \$50 Public Fee: \$50			
January 21	April 21	July 21	October 20
February 25	May 19	August 18	November 17
March 17	June 16	September 15	December 15

<b>Renewal (CPR113) 5:00 PM – 9:00 PM</b> Designed for the renewing Healthcare Provider; MUST show current AHA BLS certification card. All renewal classes are held at the Health First Training Center. Health First Associate Fee: \$50 Public Fee: \$50			
January 30	April 26	July 30	October 29
February 28	May 30	August 27	November 28
March 26	June 25	September 25	December 18

<b>AHA Online CPR</b> Designed for the Healthcare Provider whose certification has expired or will be expiring soon. Health First Associate Fee: <b>FREE</b> Public Fee; \$50	
Please visit our website at <a href="http://www.health-first.org/training">www.health-first.org/training</a> for instructions and Online CPR registration form. Complete the online portion of the course at your convenience, then meet with a CPR Instructor for your skills evaluation.	

<b>Textbook</b>	Student textbook is recommended and can be purchased for an additional \$15 at the Health First Training Center.
<b>Registration</b>	See reverse side of flyer for registration form.
<b>Registration Confirmation</b>	It is the responsibility of each student to verify enrollment. Health First Associate: Confirmation is available through self-service PeopleSoft (just like viewing your paycheck) Self Service>Learning and Development>Training Summary
<b>Address</b>	3470 N. Harbor City Blvd., Melbourne 32935. We are located in Rivercrest Professional Center on US 1, between Post Rd. and Parkway Blvd.
<b>Contact Information</b>	Phone: (321) 434-1972 <a href="mailto:barbara.couch@health-first.org">barbara.couch@health-first.org</a> Fax: (321) 254-0795

**Cancellation**      Cancellation must be made 48 hours prior to program to avoid forfeiture of class fee. An administrative fee of \$10.00 will be deducted from all refunds.



# 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.	

<b>Cost Center Transfer:</b> (not available for CPR or ACLS)  Manager Signature: _____ Cost Center #: _____ - _____ - _____	<b>Send form and payment to Barbara Couch:</b> Mailing Address: Health First Training Center 3470 N. Harbor City Blvd. Melbourne, FL 32935 E-mail address: <a href="mailto:barbara.couch@health-first.org">barbara.couch@health-first.org</a> Phone: (321) 434.1972 Fax: (321) 254.0795
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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: \_\_\_\_\_