

# 2012 Radiology Skills Review



<b>Target Audience</b>	Mandatory for Radiology Technologists.		
<b>Additional Audience</b>	Mandatory for non clinical Radiology staff for the Communication portion only (first 30 minutes of each session).		
<b>Purpose</b>	This program will provide Radiology Technologist with an annual skills review on the topics of Communication Basics, Hand Washing, AART Code of Ethics, 2012 National Patient Safety Goals, Health First Restraints Policy, Transporting Patients with Oxygen and the Principals of Radiation Protection.		
<b>Dates Location and Time</b>	2/29/12	Wednesday	Center For Learning D/E 5:30PM - 8:30PM
	3/21/12	Wednesday	HRMC Aud. A 8:00AM - 11:00AM
	4/11/12	Wednesday	CCH Aud. A 8:00AM - 11:00AM
	5/9/12	Wednesday	ProHealth Viera 5:00PM - 8:00PM
	6/20/12	Wednesday	Center for Learning D/E 8:00AM - 11:00AM
	7/18/12	Wednesday	HRMC Aud. A 12:30PM - 3:30PM
	8/08/12	Wednesday	CCH Aud A 5:00PM - 8:00PM
	9/26/12	Wednesday	PBH Private Dining 5:00PM - 8:00PM
	10/10/12	Wednesday	Center for Learning D/E 12:30PM - 3:30PM
	10/24/12	Wednesday	HRMC Aud. A 5:00PM - 8:00PM
	11/7/12	Wednesday	ProHealth Viera 12:30PM - 3:30PM
	12/5/12	Wednesday	PBH Private Dining 12:30PM - 3:30PM
<b>Continuing Education</b>	This program has been approved by Florida Board of Radiology Control For 2 credit hours.		
<b>For More Information</b>	Contact LaLane Hayworth at 321-434-1969 or email <a href="mailto:LaLane.Hayworth@health-first.org">LaLane.Hayworth@health-first.org</a> . Fax Registration to: 321-254-5151		
<b>Registration Confirmation</b>	Health First Associates: Confirmations only available through self-service People Soft HRMS ( <a href="#">Home</a> > <a href="#">Self Service</a> > <a href="#">Learning and Development</a> > <a href="#">Training Summary</a> ) Please allow 3 business days before confirming your registration.		

**Registration for 2012 Radiology Skills Review** Registration deadline: 3 days prior to program date

Check which session you will be attending:

<input type="checkbox"/> February 29	<input type="checkbox"/> March 21	<input type="checkbox"/> April 11	<input type="checkbox"/> May 9
<input type="checkbox"/> June 20	<input type="checkbox"/> July 18	<input type="checkbox"/> August 8	<input type="checkbox"/> Sept 26
<input type="checkbox"/> October 10	<input type="checkbox"/> October 24	<input type="checkbox"/> November 7	<input type="checkbox"/> Dec. 5

Name	Title		
Mailing address	Professional license #		
City, state, zip	Phone H	W	
Employment facility/unit	Universal ID#		
E-mail			

**Cancellation/Fees:** By signing this registration form I acknowledge that if I cancel my registration, I must do so at least 48 hours before the program begins to avoid losing my registration fee. If this program is of no cost to me and I do not cancel 48 hours in advance, a \$10 fee will automatically be deducted from my paycheck. A \$10 administrative fee will be charged on all refunds.

**Signature (Required)** \*Compliance with Health First dress code is expected.

<b>OFFICE USE ONLY: NO SHOW FEE \$10.00</b>			
Authorized by: _____	54 CFL – Revenue	050 600002 6400	
Date: _____	55 CFL – Sponsorship	050 765830 6400	