



## 2010 Service Expectations

### Priority No. 3: Memorable Patient/Customer Experience

**Target Audience** Health First Associates  
If you attended the 90 minute Service Expectation Class in 2009 you do not need to attend this class.

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**Speakers** Dee Rogers, Sally Forsberg, Richard Helvey, and Bobby Baird

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**Purpose** All of us have been working towards improving patient and customer satisfaction. Many areas of Health First are improving their patient satisfaction. This class will help you keep the momentum going!

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**Objectives** Review our Commitment to Health First Values  
Discuss Service/Behavior Expectations for Health First Associates  
Define the Top Ten Secrets to Delight Your Patients and Customers

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**Contact Hour** This program has been approved by Florida boards for 1.0 contact hour of continuing education by the following: Nursing (FSBN Provider NCE 2046). This program has been approved for one (1) hour of education for CNAs and HUCs.

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**For More Information** Contact: Mandy Bitter at 434-1977 or [mandy.bitter@health-first.org](mailto:mandy.bitter@health-first.org)  
Dee Rogers at 434-1966 or [Dee.rogers@health-first.org](mailto:Dee.rogers@health-first.org).  
Fax to: 321-254-5151

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**Registration Confirmation** Health First Associates: Confirmations only available through self-service  
People Soft HRMS HRMS ([Home](#) > [Self Service](#) > [Learning and Development](#) > [Training Summary](#))  
Please allow 3 business days before confirming your registration.

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**Registration deadline: 3 days prior to program date**

Registration form is on the back.

Please complete the form, sign it, and return to the Center for Learning  
Registration forms without signatures cannot be processed.

Fax Form to: 321-254-5151

# 2010 Service Expectations



## Priority No. 3: Memorable Patient/Customer Experience

If you attended the 90 minute Service Expectation Class in 2009 you do not need to attend this class.

Schedule of Classes: Check off one date below with an "X"

Location	Date	Day	Time	Choice
Cape Canaveral Room A	February 23	Tuesday	1:00 – 2:00 PM	
Cape Canaveral Room A	August 10	Tuesday	7:30 – 8:30 AM	
Cape Canaveral Room A	October 13	Wednesday	4:00 – 5:00 PM	
HRMC Auditorium A&B	March 1	Monday	7:30 – 8:30 AM	
HRMC Auditorium A&B	June 17	Thursday	4:00 – 5:00 PM	Canceled
HRMC Auditorium A&B	September 14	Tuesday	1:00 – 2:00 PM	
Palm Bay Hospital PDR	April 19	Monday	1:00 – 2:00 PM	
Palm Bay Hospital PDR	July 14	Wednesday	7:30 – 8:30 AM	
Palm Bay Hospital PDR	November 11	Thursday	4:00 – 5:00 PM	
Rockledge Business Office	April 7	Wednesday	4:00 – 5:00 PM	
Rockledge Business Office	August 25	Wednesday	12:00 – 1:00 PM	

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

**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 \$10.00 administrative fee will be charged on all refunds.

**Signature (Required)**

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\*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	