

STROKE CARE EDUCATION FOR RNS & RTs



Target : Health First Nurses and Respiratory Therapists who care for Patients who have suffered a Stroke

Purpose: The purpose of this program is to equip Nurses and Respiratory Therapists new to Health First or new to Stroke Care with the knowledge required to safely and effectively care for the patient having or recovering from a Stroke.

Location: Health First Center for Learning, Rivercrest Plaza – Melbourne

Dates: **Wednesday, January 18th, 2012** 8:00am-12:00pm
Wednesday, April 18th, 2012 8:00am-12:00pm
Wednesday, July 18th, 2012 8:00am-12:00pm
Wednesday, October 17th, 2012 8:00am-12:00pm

Cost: No cost to Health First Associates; \$40.00 for non-Health First associates.

Credit: This program has been approved by Florida Boards for **3.5 contact hours** of continuing education for **Nurses and Respiratory Therapists**, through the Health First Center for Learning CE Broker #50-873.

Confirmation: Available through self-service People Soft HRMS
[\(Home > Self Service > Learning and Development > Training Summary\)](#) .
 Please allow 3 business days before confirming your registration.

For more information, contact Cheryl McKinney at (321) 434-1962 or Lalane Hayworth at (321) 434-1969 or email her at lalane.hayworth@Health-First.org

Fax Registration to: 321-254-5151.

Registration: Stroke Care Educator for RNs & RTs
 Registration deadline: 3 days prior to program date

Select the class you will attend: **Jan 18, 2012** _____ **Apr 18, 2012** _____ **Jul 18, 2012** _____ **Oct 17, 2012** _____

Name	Title	
Mailing address	License #	
City, state, zip	Phone H	W
Employment facility/unit	User 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. 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.

Signature (Required) _____

*Compliance with Health First dress code is expected.

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